

Case Number:	CM14-0107733		
Date Assigned:	08/01/2014	Date of Injury:	11/21/2001
Decision Date:	01/05/2015	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/11/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker sustained a work related injury to the right upper extremity on November 21, 2001. The exact mechanism of the work related injury was not provided in the submitted documentation. On February 7, 2014, the Orthopedic Surgeon evaluation noted the injured worker with chronic shoulder and right upper extremity pain from complex pain syndrome as well as rotator cuff pathology. The injured worker was noted to have undergone a previous surgical procedure on the right shoulder for a partial rotator cuff repair. A copy of the surgical report was not included in the submitted documentation. The Physician noted the diagnoses as right shoulder probable complete rotator cuff tear, and right regional pain syndrome. A shoulder x-ray was noted to be unremarkable however the report was not included in the submitted documentation. A request was made for authorization of Norco # 90, Flexeril #90, Feldene #90, and Omeprazole #30. The medication dosages were not included in the submitted documentation. On June 12, 2014, Utilization Review evaluated the request for Norco #90, Flexeril #90, Feldene #90, and Omeprazole #30, citing MTUS Chronic Pain Medical Treatment Guidelines. The UR Physician noted there was no documentation of subjective or objective benefit from the use of the Norco, therefore the Norco was not medically necessary. The UR Physician noted the documentation did not identify acute pain or an exacerbation of chronic pain, therefore the Flexeril was not medically necessary. The UR Physician noted there was no documentation of subjective or objective benefit from use of the Feldene, therefore the Feldene was not medically necessary. The UR Physician noted the documentation provided did not support the injured worker's use of the Omeprazole based on MTUS guidelines, therefore the Omeprazole was not medically necessary and the request was not approved. The UR Physician recommended weaning of the Norco, Flexeril, and Feldene. The decisions were subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco #90 (dosage unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. According to the patient file, there is no objective documentation of pain and functional improvement to justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the prescription of Norco #90 is not medically necessary.

Flexeril #90 (dosage unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization Flexeril # 90 is not medically necessary.

Feldene #90 (dosage unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: Feldene contains piroxicam which is a member of the oxicam group of nonsteroidal anti-inflammatory drugs (NSAIDs). There is no documentation of the rationale behind the long-term use of Feldene. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Feldene to the lowest effective dose and used it for the shortest period possible. Feldene was used without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. Therefore, the request for Feldene is not medically necessary.

Omeprazole #30 (dosage unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age more than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylorus does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole prescription is not medically necessary.