

Case Number:	CM14-0194001		
Date Assigned:	12/01/2014	Date of Injury:	03/19/2007
Decision Date:	01/14/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 is a 63-year-old male who reported an injury on 03/19/2007. The mechanism of injury was not provided. His diagnosis was listed as other unspecified disorder of the cervical region. Past treatments included acupuncture, injections, medications, and use of pain pump. Diagnostic studies include an magnetic resonance imaging (MRI) of the right shoulder performed on 07/09/2010 which was noted to reveal deep surface tear supraspinatus and severe Acromioclavicular arthrosis, MRI of the left shoulder performed on 07/09/2010 which was noted to reveal AC arthrosis with spur and supraspinatus tendinosis, and an MRI of the neck performed on 07/26/2011 which was noted to reveal retrolisthesis of C2 to C3, bulge with stenosis on C2 to C3, and cord atrophy at C3 to C4. His surgical history included fusion of C3 to C6 on 12/04/2008, and a laminectomy of C5 to C6 on 11/20/2008. On 09/30/2014, the patient was seen for an examination and reported that he could not wait to have arm surgery due to the discomfort. Physical examination revealed abnormal neck movement with decreased range of motion and radiating pain to the right upper extremity. The left and right shoulders had full range of motion with pain and tenderness over the posterolateral subacromial region, Neer's sign was positive, with motor strength at 4-/5. His current medications were listed as Lidoderm patch 5%, Lunesta 1 mg, Norco 5/325 mg, Prilosec 20 mg, Vicodin 500 mg, and Zanaflex 4 mg. The treatment plan included nerve blocks, spinal cord stimulator, and possible surgery. A request was received for Lunesta 1 mg, Norco 5/325 mg, Prilosec 20 mg, Vicodin 500 mg, Zanaflex 4 mg, and Lyrica 75 mg. A rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lunesta 1mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Insomnia treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness and Stress, Eszopicolone (Lunesta).

Decision rationale: The request for Lunesta 1mg is not medically necessary. Official Disability Guidelines recommend limiting use of hypnotics to 3 weeks maximum in the first 2 months of injury and to discourage use in the chronic phase. Clinical notes indicate the injured worker has been taking Lunesta since at least 09/30/2014. As the guidelines do not recommend Lunesta for long term use, the request is not supported. In addition, the request does not specify frequency of use. Therefore, the request is not medically necessary.

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, criteria for use, weaning of medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Norco 5/325mg is not medically necessary. California MTUS Guidelines state the ongoing use of opioids should include documentation of pain assessments, functional status, appropriate medication use, and adverse side effects. Pain assessments should include current pain, the least reported pain, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the relief lasts. Clinical notes indicate the injured worker has been taking Norco since at least 09/30/2014. However, there is no documentation with functional status, appropriate medication use, adverse side effects, or pain assessments. In the absence of appropriate documentation to indicate the need for ongoing use of opioids, the request is not supported. In addition the request does not specify frequency of use. Therefore, the request is not medically necessary.

Prilosec 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and cardiovascular risk Page(s): (s) 68-69.

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

Decision rationale: The request for Prilosec 20mg is not medically necessary. California MTUS Guidelines recommend the use of proton pump inhibitors with NSAIDs for patients at risk for gastrointestinal events. Clinical notes indicate that the injured worker has been taking Prilosec since at least 09/30/2014. However, there is no documentation to indicate the patient's risk for gastrointestinal events including being over the age of 65, history of peptic ulcer, GI bleeding or perforation. In the absence of documentation to indicate the need for ongoing use of Prilosec, the request is not supported. In addition, the request does not specify frequency of use. Therefore, the request is not medically necessary.

Vicodin 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, criteria for use, weaning of medication.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Vicodin 500mg is not medically necessary. California MTUS Guidelines state that ongoing use of opioids should include documentation of pain assessments, functional status, appropriate medication use, and adverse side effects. Pain assessments should include current pain, the least reported pain, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief, and how long the relief lasts. Clinical notes indicate the injured worker has been taking Vicodin 500 mg since at least 09/30/2014. However, there is no documentation of functional status, appropriate medication use, adverse side effects, and pain assessments. In the absence of documentation to indicate the need of ongoing use of opioids, the request is not supported. In addition, the request does not specify frequency of use. Therefore, the request is not medically necessary.

Zanaflex 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): (s) 63-66.

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

Decision rationale: The request for Zanaflex 4mg is not medically necessary. California MTUS Guidelines state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility; however, efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Clinical notes indicate the injured worker has been taking Zanaflex 4 mg since at least 09/30/2014. As the guidelines do not recommend muscle relaxants for long term use, the request is not supported. In addition, the request does not specify frequency of use. Therefore, the request is not medically necessary.

Lyrica 75mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): (s) 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16-17.

Decision rationale: The request for Lyrica 75mg is not medically necessary. California MTUS Guidelines recommended the use of antiepilepsy drugs for neuropathic pain due to nerve damage. Clinical notes indicate the injured worker complains of arm pain. However, there is no documentation to indicate nerve damage. In the absence of documentation indicating the need for Lyrica 75 mg, the request is not supported. In addition, the request does not specify frequency of use. Therefore, the request is not medically necessary.