

Case Number:	CM14-0195092		
Date Assigned:	12/02/2014	Date of Injury:	07/29/2009
Decision Date:	01/21/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/21/2014

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 Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 40 year old female with an injury date on 07/29/2009. Based on the 10/27/2014 progress report provided by the treating physician, the diagnoses are right shoulder pain with supraspinatus and subscapularis tendinosis. There is superior labral degeneration fraying without evidence of an acute tear. Per MRI report on 04/12/2010 diagnosis includes neck pain and thoracic spine pain. According to this report, the patient presents with pain in the neck, mid back, and right shoulder. The patient indicates "with medication she is able to bring her pain down to a 4/10 which allows her to do light household tasks for approximately an hour without break. Without her medications, the pain can reach a severe level up to an 8/10 to 9/10." Physical exam findings were not included in the reports for review. The treating physician documented "No significant changes" in the objective findings. The 08/20/2014 report indicates the medications allow the patient "to do light household activities, and she gives example of cooking for at least 1 hour without having to take breaks, whereas without her medications she would be greatly limited in her ability to conduct these activities." The treatment plan is refill patient's medications, continue with home exercises, and follow up in 2 months for reevaluation and further recommendations. The patient is working modified duty. There were no other significant findings noted on this report. The utilization review denied the request for (1) Norco 10/325mg #120, (2) Flexeril 10mg #60, (3) Biofreeze Roll on #2, and (4) Prilosec 20mg #60 on 11/11/2014 based on the MTUS/ODG guidelines. The requesting physician provided treatment reports from 06/20/2014 to 10/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Overturned

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): 60-61; 88-89; 76-78.

Decision rationale: According to the 10/27/2014 report, this patient presents with pain in the neck mid back and right shoulder. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicates this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Flexeril #60 and this medication was first noted in the 06/24/2014 report. Flexeril is not recommended for long term use. The physician does not mention that this is for a short-term use to address a flare-up or an exacerbation. The current request is not medically necessary.

Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-64.

Decision rationale: According to the 10/27/2014 report, this patient presents with pain in the neck mid back and right shoulder. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of available records indicates this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Flexeril #60 and this medication was first noted in the 06/24/2014 report. Flexeril is not recommended for long term use. The physician does not mention that this is for a short-term use to address a flare-up or an exacerbation. The current request is not medically necessary.

Biofreeze Roll On #2: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter on Biofreeze

Decision rationale: According to the 10/27/2014 report, this patient presents with pain in the neck mid back and right shoulder. This topical analgesic was first mentioned in the 06/24/2014 report. Regarding Biofreeze, MTUS does not specifically discuss menthol. ODG guidelines were consulted. ODG guidelines state recommended for acute pain and takes the place of an ice pack for cryotherapy. In this case, the patient is not in the acute phase, and the use of menthol for a chronic condition is not supported by the ODG guidelines. Menthol would not be recommended for a chronic condition. The current request is not medically necessary.

Prilosec 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: According to the 10/27/2014 report, this patient presents with pain in the neck mid back and right shoulder. This medication was first mentioned in the 06/24/2014 report; it is unknown exactly when the patient initially started taking this medication. The MTUS page 69 states under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 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)." MTUS further states "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Review of the reports show that the patient is not currently on NSAID and has no gastrointestinal side effects with medication use. The patient is not over 65 years old; no other risk factors are present. The treating physician does not mention if the patient is struggling with GI complaints and why the medication was prescribed. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the physician does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request is not medically necessary.