

Case Number:	CM14-0195536		
Date Assigned:	12/10/2014	Date of Injury:	04/25/2012
Decision Date:	01/26/2015	UR Denial Date:	11/04/2014
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 Family Practice, has a subspecialty in ENTER SUBSPECIALTY 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:

66 years old female claimant sustained a work injury on 4/25/12 involving the right shoulder and right upper extremity. She was diagnosed with right shoulder impingement syndrome, myofascial pain and carpal tunnel syndrome. She had undergone a right shoulder arthroscopy. She had undergone physical therapy. A progress note on 6/12/14 indicated the claimant had tenderness to palpation and moderate spasms in the right trapezial region with a pain level of 7/10. She was treated with Tylenol, Naproxen, Tramadol and Norco. A progress note on 9/2/14 indicated the claimant had tenderness to palpation and moderate spasms in the right shoulder with a pain level of 5 on medications and 7 without. She was treated with Tylenol, Naproxen, Tramadol and Norco and continued on electrical stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acetaminophen 500mg #90 for 3 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen Page(s): 1-12.

Decision rationale: Tylenol is indicated for back pain and osteoarthritis. In this case, the claimant did have the above diagnoses. The claimant had persistent muscle spasms. Although it is recommended for chronic pain, the claimant had been on Tylenol for months with no significant improvement in pain or function. It had been combined with NSAID and Norco (which contains Tylenol). There is no indication of the combination of the above classes of analgesics. The continued use of Tylenol is not medically necessary.

Naproxen 550mg #60 for 3 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-73.

Decision rationale: According to the MTUS guidelines NSAIDs are recommended at the lowest dose for the shortest period for patients with moderate or severe pain in cases of chronic back pain and osteoarthritis. NSAIDs such as Naproxen are not superior to acetaminophen. There is inconsistent evidence for long-term use for neuropathic pain. The prolonged use of NSAIDs can also delay healing of soft tissues, muscles, ligaments, tendons and cartilage. For acute exacerbations of low back pain it is second line to acetaminophen. In this case, the claimant had been on Naproxen for months along with Tylenol and Norco. There is no indication to combine the classes of medications. There is no improvement in pain or function attributed to the Naproxen. Continued and chronic use is not medically necessary.

Norco 10/325mg #60 for 3 month supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial bases for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Norco for several months along with NSAIDS and Tylenol without significant improvement in function. The continued use of Norco is not medically necessary.