

Case Number:	CM14-0197780		
Date Assigned:	12/08/2014	Date of Injury:	06/17/2011
Decision Date:	01/20/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	11/25/2014

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 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 worker is a 58 year old male who was injured on 6/17/2011. He was diagnosed with carpal tunnel syndrome, cubital tunnel syndrome, shoulder joint arthritis, cervical strain, and shoulder impingement/bursitis. He was treated with medications, physical therapy, modified duty, injections, and surgery (left carpal tunnel release, left ulnar nerve release, left shoulder surgery). On 11/4/14, the worker was seen by his orthopedic surgeon reporting no new complaints (details of current symptoms not included). Physical findings, however, included positive Phalen's and positive Tinel's sign on right wrist, restricted range of motion of the left shoulder, and reduced grip strength of the left hand. His medications were refilled (not listed but previous medication lists included Naprosyn, Norco, Omeprazole, Zanaflex, and Gabapentin). He was recommended (as was previously done) for pain management, left shoulder surgery and right carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was very limited information included in the progress note by the requesting provider regarding the worker's symptoms to support the continual use of Norco. There was not enough evidence to suggest the complete review as stated above was done at the worker's office visit on 11/4/14. Particularly, there was insufficient commentary on the functional benefits of continuing Norco as compared to excluding it. Therefore, the Norco will be considered medically unnecessary until this is provided. Weaning may be necessary.

Zanaflex 4mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he had been using Zanaflex chronically for at least many months if not more, according to the notes, and this is not a recommended use for this type of medication. Also, there was no evidence to suggest that the worker was experiencing an acute flare up of muscle spasm which might have justified a short course of Zanaflex. Therefore, the Zanaflex is not medically necessary to continue.

Gabapentin 300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs Page(s): 16-22.

Decision rationale: The MTUS Guidelines state that antiepilepsy drugs (or anti-convulsants) are recommended as first line therapy for neuropathic pain as long as there is at least a 30%

reduction in pain. If less than 30% reduction in pain is observed with use, then switching to another medication or combining with another agent is advised. Documentation of pain relief, improvement in function, and side effects is required for continual use. Preconception counseling is advised for women of childbearing years before use, and this must be documented. The worker in this case was experiencing carpal tunnel symptoms with objective evidence of this found on examination, however, there was an insufficient reporting of how effective gabapentin was at reducing these symptoms and the difference without the use of this medication, which is required to justify continuation. Without ongoing and periodic review of this medication for effectiveness, the gabapentin will be considered medically unnecessary.

Omeprazole 20mg #60: 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): 68-69.

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was evidence of him taking Naprosyn chronically, however, there was no evidence to suggest that he was at an increased risk of gastrointestinal events. Therefore, the omeprazole is not medically necessary.