

Case Number:	CM14-0198502		
Date Assigned:	12/08/2014	Date of Injury:	05/29/2012
Decision Date:	03/13/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 28-year-old male who reported an injury on 05/29/2012. The mechanism of injury was the injured worker was pushing a 200 pound table and injured his shoulder and developed brachial plexopathy. Documentation of 09/25/2014 revealed the injured worker had pain in the right shoulder and right upper extremity. The injured worker underwent permanent implantation of a spinal cord stimulator on 01/30/2014. The injured worker was noted to require Norco for activities of daily living and to increase his function. The injured worker was noted to have decreased from 6 tablets to 4 tablets. The injured worker relied on Anaprox DS and Fexmid for muscle spasms, which get significant at times. The documentation indicated the injured worker got benefit from neuropathic symptoms with Neurontin, which he required for pain control and to cut back on the Norco. The injured worker was noted to get medication induced gastritis, which was treated effectively with Prilosec. The current medications were noted to include Norco 10/325 mg 4 tablets per day, Anaprox DS 550 mg 1 tablet twice a day as needed, Fexmid 7.5 mg as needed, Prilosec 20 mg 1 tablet twice a day as needed, Neurontin 600 mg 1 tablet twice a day, LidoPro topical analgesic ointment apply 3 times a day, and Cymbalta 30 mg 1 tablet daily. Examination of the posterior cervical musculature revealed significant tenderness to palpation along the paracervical spinal muscles, upper trapezius, and medial scapular regions bilaterally, but right greater than left. The sensory examination to the Wartenberg pinprick wheel was decreased along right 4th and 5th digits in comparison to the left. There was notable swelling in the right wrist and hand in comparison to the left. There was significant tenderness along the clavicle. The diagnostic studies included a right shoulder MRI

and EMG studies of the bilateral upper extremities as well as a cervical spine MRI. The diagnoses included right shoulder girdle internal derangement, status post right arthroscopic rotator cuff repair 03/06/2013, brachial plexus injury, medication induced gastritis, cervical spinal cord stimulator implant 01/30/2014, left greater trochanteric bursitis, and reactionary depression and anxiety. The treatment plan included a refill of Norco 10/325 mg #120, Anaprox DS 550 mg #60, Fexmid 7.5 mg #60 for intermittent There was a Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Anaprox DS 550mg #60 bid prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68 & 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of pain. There should be documentation of objective functional improvement and objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The documentation indicated the injured worker was utilizing Anaprox DS for muscle spasms. There was a lack of documentation of objective functional improvement and an objective decrease in pain. Additionally, the date for the requested retro service was not provided. Given the above, the request for retro Anaprox DS 550mg #60 bid prn is not medically necessary.

Retro Prilosec 20mg #60 bid prn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers who are at intermediate or high risk for gastrointestinal events. The clinical documentation submitted for review indicated the injured worker had gastritis. The documentation indicated the injured worker's gastritis was treated effectively with Prilosec. However, the request for Anaprox DS 550 mg was found to be not medically necessary and as such, the request for Prilosec would not be medically necessary. Additionally, the date for the requested retro service was not provided. Given the above, the request for retro Prilosec 20mg #60 bid prn is not medically necessary.

Retro Fexmid 7.5mg #60 bid: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker was continuing to have muscle spasms. There was a lack of documentation of objective functional benefit that was received from the medication. Additionally, the date for the requested retro service was not provided. Given the above, the request for retro Fexmid 7.5mg #60 bid is not medically necessary.

Retro Norco 10/325mg qid #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing, Page(s): 60; 78; 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain that was received from the medication. Additionally, the date for the requested retro service was not provided. Given the above, the request for retro Norco 10/325mg qid #120 is not medically necessary.