

Case Number:	CM14-0202757		
Date Assigned:	12/15/2014	Date of Injury:	05/06/1998
Decision Date:	02/04/2015	UR Denial Date:	11/29/2014
Priority:	Standard	Application Received:	12/04/2014

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 Internal Medicine, has a subspecialty in Geriatrics and is licensed to practice in New York. 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 57 year old woman with a date of injury of 5/6/98. The request for the medications at issue in this review is made in 11/14 but the most recent note in the available records is from 7/15/14. She was seen by her provider complaining of persistent right shoulder pain and weakness in her right upper extremity. She reported a 50% reduction in pain and activities of daily living with her medications. Her exam showed a blood pressure of 122/72 and pulse of 70. Her cardiac, lung and abdominal exam were unremarkable. Her right shoulder exam showed tenderness over the subacromium with crepitus with passive circumduction. She had limited range of motion and a positive impingement sign. She had allodynia to light touch and pin prick in the right upper extremity which was cold to touch and had biceps disuse atrophy. She had a positive Tinel's sign at the ulnar groove and 1+ deep tendon reflexes. Her diagnoses were status post arthroscopic repair for rotator cuff tear with three revisions - right shoulder and complex regional pain syndrome - right upper extremity, possible ulnar neuropathy and carpal tunnel syndrome with possible radiculopathy due to cervical disc herniation at C5-6 and non-industrial hyperlipidemia. At issue in this review are the refill of prescriptions norco, flexeril, clonidine and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

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

Decision rationale: This injured worker has chronic right shoulder and arm pain with an injury sustained in 1998. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 7/14 fails to document any improvement in pain, functional status or a discussion of side effects to justify use. There are also no spasms documented on exam. The medical necessity of cyclobenzaprine (flexeril) is not substantiated in the records.

Clondine 0.1mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

Decision rationale: This injured worker has chronic right shoulder and arm pain with an injury sustained in 1998. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, and muscle relaxants. Per the guidelines, intrathecal clonidine is recommended only after a short-term trial indicates pain relief in patients refractory to opioid monotherapy or opioids with local anesthetic and is FDA approved for cancer pain only. There is little evidence that this medication provides long-term pain relief and side effects include hypotension and rebound hypertension (if stopped abruptly). In this injured worker, clonidine is being used orally, not intrathecally and there is no discussion of efficacy, functional improvement or side effects specifically related to clonidine to justify continued use. The medical necessity of clonidine is not substantiated in the records.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This injured worker has chronic right shoulder and arm pain with an injury sustained in 1998. The medical course has included numerous treatment modalities including surgery and use of several medications including narcotics, and muscle relaxants. Prilosec is a

proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). This worker had a normal abdominal exam and no documented gastrointestinal complaints in the visit of 7/14. The records do not support that the worker meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.