

Case Number:	CM14-0203493		
Date Assigned:	12/16/2014	Date of Injury:	12/29/2008
Decision Date:	02/28/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/05/2014

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 patient is a 51 year old female with an injury date of 12/29/08. Based on the 10/06/14 progress report provided by treating physician, the patient complains of neck and right shoulder pain. Patient is status post right shoulder arthroscopic surgery 09/27/09, manipulation under anesthesia 04/26/10, and right shoulder injection 08/05/13. Physical examination to the cervical spine on 12/01/14 revealed tenderness to palpation, spasm, hypertonicity and trigger points to the paravertebral muscles. Range of motion was restricted, especially on extension 20 degrees. Examination of the right shoulder revealed tenderness noted in the biceps groove and subdeltoid bursa, and restricted motion. Per progress report dated 12/01/14, pain is rated 3.5/10 with, and 10/10 without medications. Per progress report dated 10/06/14, treater states current medication regimen "optimizes function and activities of daily living. According to patient medications are working well," and patient reports no side effects. Patient's medications include Norco, Neurontin, Prilosec, Flector patch, Iron, Senokot, Voltaren gel, Doc-q-lace, and Prochlorperazine. Norco, Neurontin and Prilosec were prescribed in progress reports dated 05/16/14, 10/06/14 and 12/01/14. CURES report on 09/30/13 showed inconsistent results, as Norco was refilled by another provider. Treater states "changes in opioid prescribing are consistent with observed functional status," and pain contract has been signed. ACOEM guidelines were quoted in treater report dated 10/06/14. Prilosec is prescribed for GI upset secondary to meds. The patient has been treated conservatively with pain medications and physical therapy as well as steroid joint injection to the right shoulder which provided moderate pain relief. The patient is permanent and stationary. Diagnosis 10/06/14, 12/01/14- cervical

radiculopathy with objective findings on physical examination including: decreased sensation in the C5-C6 dermatomes, and positive MRI and EMG findings- cervical facet syndrome with objective physical examination findings- cervical strain with tenderness to palpation over the lumbar paraspinous muscles with trigger point noted- right shoulder impingement syndrome status post right shoulder arthroscopic surgery dated 07/27/04 and manipulation under anesthesia procedure performed on 04/26/10. The utilization review determination being challenged is dated 11/14/14. Treatment reports were provided from 05/16/14 - 10/06/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 Take 1 Tab 4 Times A Day As Needed #120: Upheld

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): 76-78,88-89.

Decision rationale: The patient presents with neck and right shoulder pain rated 3.5/10 with, and 10/10 without medications. The request is for modify to certify Norco 10-325 tab take 1, 4 times a day PRN #120 (one month) for weaning and discontinuation. The request appears to be for on-going use of the Norco as prescribed by the treater. The patient is status post right shoulder arthroscopic surgery 09/27/09, manipulation under anesthesia 04/26/10, and right shoulder injection 08/05/13. Patient's medications include Norco, Neurontin, Prilosec, Flector patch, Iron, Senokot, Voltaren gel, Doc-q-lace, and Prochlorperazine. Norco, Neurontin and Prilosec were prescribed in progress reports dated 05/16/14, 10/06/14 and 12/01/14. CURES report on 09/30/13 showed inconsistent results, as Norco was refilled by another provider. The patient has been treated conservatively with pain medications and physical therapy as well as steroid joint injection to the right shoulder which provided moderate pain relief. The patient is permanent and stationary. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 10/06/14, treater states current medication regimen "optimizes function and activities of daily living. According to patient medications are working well," and patient reports no side effects. Norco was prescribed in progress reports dated 05/16/14, 10/06/14 and 12/01/14. In this case, treater has documented decrease in pain with numerical scales; but he has not stated how Norco significantly improves patient's activities of daily living. Treater states "changes in opioid prescribing are consistent with observed functional status," and pain contract has been signed. However, there are no UDS's or discussions regarding aberrant behavior. No discussion of specific ADL's, change in work status or return to work documented, either. Though ACOEM guidelines were quoted in treater report dated 10/06/14, MTUS requires appropriate discussion

of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.

Neurontin 300 MG Take 1 Cap Twice A Day #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone?, generic available) Medications for chronic use Page(s): 18.

Decision rationale: The patient presents with neck and right shoulder pain rated 3.5/10 with, and 10/10 without medications. The request is for modify to certify Neurontin 300mg cap take 1 twice daily #60 (one month) for weaning and discontinuation. The patient is status post right shoulder arthroscopic surgery 09/27/09, manipulation under anesthesia 04/26/10, and right shoulder injection 08/05/13. Patient's medications include Norco, Neurontin, Prilosec, Flector patch, Iron, Senokot, Voltaren gel, Doc-q-lace, and Prochlorperazine. Treater states "changes in opioid prescribing are consistent with observed functional status," and pain contract has been signed. ACOEM guidelines were quoted in treater report dated 10/06/14. The patient has been treated conservatively with pain medications and physical therapy as well as steroid joint injection to the right shoulder which provided moderate pain relief. The patient is permanent and stationary. MTUS has the following regarding Gabapentin on pg 18-19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Neurontin was prescribed in progress reports dated 05/16/14, 10/06/14 and 12/01/14. Per progress report dated 10/06/14, treater states current medication regimen "optimizes function and activities of daily living. According to patient medications are working well," and patient reports no side effects. The patient presents with radicular symptoms for which Neurontin is indicated, and treater has documented decrease in pain with numerical scales. The request meets guideline indications, therefore Neurontin is medically necessary.

Prilosec Dr 20 MG Take 1 Cap Twice Daily #5 with 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with neck and right shoulder pain rated 3.5/10 with, and 10/10 without medications. The request is for modify to certify Prilosec DR 20mg cap take 1 twice daily #60, no refills. The patient is status post right shoulder arthroscopic surgery 09/27/09, manipulation under anesthesia 04/26/10, and right shoulder injection 08/05/13. Patient's medications include Norco, Neurontin, Prilosec, Flector patch, Iron, Senokot, Voltaren

gel, Doc-q-lace, and Prochlorperazine. The patient has been treated conservatively with pain medications and physical therapy as well as steroid joint injection to the right shoulder which provided moderate pain relief. The patient is permanent and stationary. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. Prilosec was prescribed in progress reports dated 05/16/14, 10/06/14 and 12/01/14. Prilosec is prescribed for GI upset secondary to meds. Per progress report dated 10/06/14, treater states current medication regimen "optimizes function and activities of daily living. According to patient medications are working well," and patient reports no side effects. However, treater does not provide GI risk assessment, the patient is not on NSAID therapy, and "GI upset" does not warrant prophylactic use of PPI according to MTUS. Furthermore, it has been 6 months from UR date of 11/14/14, and treater has not indicated how the patient is doing, and why she needs to continue. Given lack of documentation as required by guidelines, the request is not medically necessary.