

Case Number:	CM14-0207097		
Date Assigned:	12/19/2014	Date of Injury:	03/20/1999
Decision Date:	02/10/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/10/2014

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 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:

58-year-old male claimant who sustained a work injury on March 22, 1999 involving the right shoulder. He was diagnosed with a right shoulder strain. MRI of the right shoulder in 2011 showed severe tendinosis of the supraspinatus and infraspinatus tendons with partial thickness tearing. A superior labral tear was developing a slap lesion. He had undergone aqua therapy, home exercises, a TENS unit and the use of muscle relaxers. In addition he underwent right shoulder arthroscopy and treatment as well as subacromial decompression in 2012. A progress note on July 3, 2014 indicated claimant had 7/10 pain with medications and 8/10 pain without. At the time he was on ibuprofen, Neurontin, Flexeril, Duragesic patches, Norco and topical analgesics. A progress note on October 23, 2014 indicated claimant had persistent 8/10 pain in the right shoulder. Exam findings were notable for painful restriction of motion and positive impingement findings. The claimant remained on a TENS unit, Flexeril, Neurontin, topical analgesics and an increase of Norco secondary to pain exacerbation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #75: Upheld

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

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 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 basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. There was no indication of non-steroidal anti-inflammatory drug (NSAID) or Tylenol failure. The claimant had been on sustained release opioid patches and numerous analgesics. The continued use of Norco is not medically necessary.

Hydrocodone 10/325mg #30: Upheld

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

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

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 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 basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without significant improvement in pain or function. There was no indication of NSAID or Tylenol failure. The claimant had been on sustained release opioid patches and numerous analgesics. The continued use of Norco is not medically necessary.

Flexeril 10mg #90: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period without improvement in pain or function. Continued use is not medically necessary.

Neurontin 800mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neurontin Page(s): 18.

Decision rationale: Per MTUS guidelines: "Neurontin 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." In this case, the claimant does not have the stated conditions approved for Neurontin use. Furthermore, the treatment duration was longer than recommended and combined with numerous analgesics making it difficult to determine the efficacy of Neurontin on clinical progression. Neurontin is not medically necessary.