

Case Number:	CM14-0209905		
Date Assigned:	12/22/2014	Date of Injury:	04/18/2000
Decision Date:	02/12/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/15/2014

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, 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:

The injured worker (IW) is a 43-year-old man with a date of injury of April 18, 2000. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are joint pain, shoulder; and sprain and strain unspecified site shoulder and upper arm. Pursuant to the progress note dated December 4, 2014, the IW complains of right shoulder pain. He continues to benefit from his current medication regimen. The pain is describes as aching and constant. Examination of the right shoulder reveals tenderness. Range of motion is slightly limited. Neurologically, motor strength is grossly normal. Deep tendon reflexes are intact throughout. There are no subjective or objective findings compatible with neuropathic pain. Review of systems was unremarkable. The IW denies nausea, constipation or GI upset. Current medications include Amitriptyline 25mg, Lidoderm 5% patches, Lunesta 2mg, naproxen 375mg, Norco 10/325mg, Zantac 150mg, and Flexeril 10mg. The documentation indicates Lodine (Etodolac 400 mg) was prescribed as far back as May 23, 2014. There was a gap in medical documentation between May 2014 and December 2014. In the October 9, 2014 progress note, Naproxen 375 mg was documented. The start date is unclear because of missing progress notes. The IW was on Lodine in May 2014 and continues on a non-steroidal anti-inflammatory drug naproxen. The IW has been on the remainder of the medications, including Norco, Flexeril, Lidoderm, Zantac, and Lunesta since May 24, 2014, according to a progress note with the same date. There was no evidence of objective functional improvement associated with the ongoing use of the aforementioned medications. There were no detailed pain assessments associated with the ongoing use of Norco. There were 2 urine drug screens in the medical record. The first dated May 23, 2014, and the most recent dated October 9, 2014. Both of the urine drug screens were inconsistent with the injured worker's prescribed medications. Oxycodone was detected in both screens. There was no further documentation or discussion by the treating physician regard the

inconsistent results. The current request is for Flexeril 10mg #60, Norco 10/325mg #180, Zantac 150mg #60, Naproxen 375mg #60, Lunesta 2mg # 30, and Lidoderm 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch) quantity 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical analgesics

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 5% #30 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm is recommended for localized pain consistent with a neuropathic etiology after evidence of a first line therapy drug. The Official Disability Guidelines enumerate the criteria for Lidoderm patches area. In this case, the injured worker's working diagnosis is joint pain, shoulder; sprain and strain unspecified site shoulder and upper arm. The injured worker has pain at the right shoulder. There are no subjective or objective findings compatible with neuropathic pain. Lidoderm was first described back in May 23 of 2014. Lidoderm is recommended for localized pain consistent with a neuropathic etiology. Consequently, in the absence of neuropathic pain Lidoderm 5% #30 is not medically necessary.

Lunesta 2mg quantity 30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Lunesta

Decision rationale: Pursuant to the Official Disability Guidelines, Lunesta 2 mg #30 is not medically necessary. Lunesta is not recommended for long-term use recommended for short-term use. The guidelines recommend limiting use of hypnotics to three weeks maximum the first two months of injury only and discourage use in the chronic phase. See the guidelines for additional details. In this case, the injured worker's working diagnosis is joint pain, shoulder; sprain and strain unspecified site shoulder and upper arm. The injured worker has place of pain for the right shoulder. There are no subjective or objective findings compatible with neuropathic pain. Lunesta was first prescribed in May 23 of 2014 pursuant to a progress note with the same

date. Lunesta is prescribed for sleep. The documentation does not contain evidence of objective functional improvement in any of the subsequent progress notes or evidence of sleep difficulties. Consequently, absent documentation of objective functional improvement with Lunesta, Lunesta 2 mg #30 is not medically necessary.

Flexeril 10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #60 is not medically necessary. Most relaxants are recommended as a second line option for short-term (two weeks) of acute low back pain and short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is joint pain, shoulder; sprain and strain unspecified site shoulder and upper arm. The injured worker has place of pain for the right shoulder. There are no subjective or objective findings compatible with neuropathic pain. The documentation indicates Flexeril 10 mg was prescribed by the treating physician as far back as May 23, 2014. Flexeril is indicated for short-term use (less than two weeks) for treatment of acute low back pain and exacerbations in chronic low back pain. The injured worker had shoulder pain with no low back complaints. Additionally, the treating physician exceeded the recommended guidelines of two weeks, substantially, by initiating treatment in May 2014. Consequently, absent compelling clinical documentation to support the ongoing need for Flexeril, Flexeril 10 mg #60 is not medically necessary.

Norco 10/325mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325 mg #180 is not medically necessary. Ongoing, chronic opiate use requires ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnosis is

joint pain, shoulder; sprain and strain unspecified site shoulder and upper arm. The injured worker has place of pain for the right shoulder. There are no subjective or objective findings compatible with neuropathic pain. The documentation indicates Norco 10/325 mg was prescribed as far back as May 23, 2014. The medical record is not contain documentation of objective functional improvement are prerequisite to continuing Norco. Consequently, absent documentation to support the continued use of Norco, Norco 10/325 mg #180 is not medically necessary.

Zantac 150mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/ranitidine.html

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); NSAIDs and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Zantac 150 mg #60 is not medically necessary. Zantac is H2 receptor blocker. Zantac is used to treat certain conditions in which the stomach produces too much acid such as the Zollinger-Ellison syndrome. It also treats gastroesophageal reflux disease. In this case, the injured worker's working diagnosis is joint pain, shoulder; sprain and strain unspecified site shoulder and upper arm. The injured worker has place of pain for the right shoulder. There are no subjective or objective findings compatible with neuropathic pain. Zantac is used to treat certain conditions in which the stomach produces too much acid such as the Zollinger-Ellison syndrome. It also treats gastroesophageal reflux disease. The documentation does not contain any entries regarding gastroesophageal reflux disease, peptic ulcer disease or G.I. bleeding. Consequently, absent clinical documentation to support the need for ongoing Zantac use, a clinical indication and rationale for Zantac, Zantac 150 mg #60 is not medically necessary.

Naproxen 375mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 375 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnosis is joint pain, shoulder; sprain and strain unspecified site shoulder and upper arm. The documentation indicates Lodine (Etodolac 400 mg) was

prescribed as far back as May 23, 2014. There was a gap in medical documentation between May 2014 and December 2014. In the October 9, 2014 progress note Naproxen 375 mg was documented. The start date is unclear because of missing progress notes. The injured worker was on Lodine in May 2014 and continues on a non-steroidal anti-inflammatory drug naproxen. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Consequently, the injured worker has been taking a course of naproxen 375 mg #60 (in addition to taking Lodine). The medical records not contain documentation of objective functional improvements associated with its use. Consequently, absent clinical documentation to support the ongoing use of naproxen, naproxen 375 mg #60 is not medically necessary.