

<b>Case Number:</b>	CM15-0100252		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/10/2004
<b>Decision Date:</b>	07/08/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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 58 year old male, who sustained an industrial injury on 6/10/04. The injured worker was diagnosed as having right shoulder pain status post open rotator cuff repair, left shoulder pain, chronic lumbar spine pain, right carpal tunnel syndrome and cervical sprain. Treatment to date has included oral medications including Norco, Anaprox, Prilosec and Tizanidine, right rotator cuff repair, physical therapy, activity restrictions and home exercise program. Currently, the injured worker complains of low back pain rated 7/10 with radiation to bilateral lower extremities, cervical spine pain rated 5/10, left hand pain and bilateral shoulder pain rated 6-7/10. He states he can tolerate the pain with his medications. He is currently working on modified duties. Physical exam noted antalgic gait and stiffness with movement. A request for authorization was submitted for Norco, Anaprox, Prilosec and Tizanidine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg, #60 with 4 refills, dispensed on 4/22/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

**Decision rationale:** The patient presents on 04/22/15 with lumbar spine pain rated 7/10 which radiates into the bilateral lower extremities, cervical spine pain rated 5/10, unrated intermittent right hand pain, and bilateral shoulder pain rated 6-7/10. The patient's date of injury is 06/10/04. Patient is status post right shoulder rotator cuff repair at a date unspecified. The request is for Anaprox 550mg #60 with 4 Refills, Dispensed 04/22/15. The RFA was not included. Physical examination dated 04/22/15 reveals tenderness to palpation of the bilateral cervical paraspinal muscles, right shoulder, and right volar wrist. Provider notes positive Hawkin's sign, Neer's sign to the right shoulder, and positive Phalen's sign and Tinel's sign in the right wrist. The patient is currently prescribed Norco, Anaprox, Prilosec, and Tizanidine. Diagnostic imaging was not included. Patient is not currently working; though progress note dated 04/22/15 advises patient return to work with modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In regard to the continuation of Naproxen for this patient's chronic pain, the request is appropriate. Progress notes indicate that this patient has been taking Naproxen since at least 02/24/14. Addressing efficacy, progress note dated 04/22/15 states: "His pain tolerable with his meds" though does not specifically mention Anaprox. Given the conservative nature of NSAID medications, and the provided documentation of pain reduction, continuation of this medication is substantiated. The request is medically necessary.

**Prilosec 20mg, #60 with 4 refills, dispensed on 4/22/15:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

**Decision rationale:** The patient presents on 04/22/15 with lumbar spine pain rated 7/10 which radiates into the bilateral lower extremities, cervical spine pain rated 5/10, unrated intermittent right hand pain, and bilateral shoulder pain rated 6-7/10. The patient's date of injury is 06/10/04. Patient is status post right shoulder rotator cuff repair at a date unspecified. The request is for Prilosec 20mg #60 with 4 Refills, Dispensed 04/22/15. The RFA was not included. Physical examination dated 04/22/15 reveals tenderness to palpation of the bilateral cervical paraspinal muscles, right shoulder, and right volar wrist. Provider notes positive Hawkin's sign, Neer's sign to the right shoulder, and positive Phalen's sign and Tinel's sign in the right wrist. The patient is currently prescribed Norco, Anaprox, Prilosec, and Tizanidine. Diagnostic imaging was not

included. Patient is not currently working; though progress note dated 04/22/15 advises patient return to work with modified duties. MTUS, Chronic Pain Medical Treatment Guidelines, page 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 Prilosec, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis." In regard to the request for Prilosec as a prophylactic therapy secondary to high dose NSAID utilization, the request is appropriate. Progress report dated 04/22/15 notes that this patient has experienced GI upset secondary to medications in the past, and is currently stable on PPI medications. Given this patient's history of medication-induced gastritis, and documented efficacy, continuation of Prilosec is substantiated. Therefore, this request is medically necessary.

**Tizanidine 4mg, #30 with 4 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Pain Outcomes and Endpoints Page(s): 63-66, 8-9.

**Decision rationale:** The patient presents on 04/22/15 with lumbar spine pain rated 7/10 which radiates into the bilateral lower extremities, cervical spine pain rated 5/10, unrated intermittent right hand pain, and bilateral shoulder pain rated 6-7/10. The patient's date of injury is 06/10/04. Patient is status post right shoulder rotator cuff repair at a date unspecified. The request is for Tizanidine 4mg #30 with 4 Refills. The RFA was not included. Physical examination dated 04/22/15 reveals tenderness to palpation of the bilateral cervical paraspinal muscles, right shoulder, and right volar wrist. Provider notes positive Hawkin's sign, Neer's sign to the right shoulder, and positive Phalen's sign and Tinel's sign in the right wrist. The patient is currently prescribed Norco, Anaprox, Prilosec, and Tizanidine. Diagnostic imaging was not included. Patient is not currently working; though progress note dated 04/22/15 advises patient return to work with modified duties. MTUS Chronic Pain Medical Treatment Guidelines under the topic: Muscle Relaxants for pain, on page 66 under Tizanidine states this medication has FDA approval for spasticity and unlabeled use for low back pain, and notes it has been considered as a first-line option to treat myofascial pain and beneficial for fibromyalgia. When using tizanidine, the guidelines recommend checking liver function at baseline, 1, 3, and 6 months out. MTUS Chronic Pain Medical Treatment Guidelines, pg 9 under Pain Outcomes and Endpoints states: "All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement." In regard to the continuation of Tizanidine, the request is appropriate. This patient has been prescribed Tizanidine since at least 02/24/14. Addressing efficacy, progress note dated 04/22/15 states: "his pain is tolerable with his meds", though does not specifically address which medication relieves which symptoms. MTUS guidelines support the usage of Tizanidine long term for treatment of myofascial pain, low back pain and fibromyalgia conditions. Given the patient's continued myofascial and lower back pain and documentation of pain reduction attributed to medications, continuation is substantiated. The request is medically necessary.

**Norco 10/325mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management Page(s): 78.

**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 on 04/22/15 with lumbar spine pain rated 7/10 which radiates into the bilateral lower extremities, cervical spine pain rated 5/10, unrated intermittent right hand pain, and bilateral shoulder pain rated 6-7/10. The patient's date of injury is 06/10/04. Patient is status post right shoulder rotator cuff repair at a date unspecified. The request is for NORCO 10/325MG #60. The RFA was not included. Physical examination dated 04/22/15 reveals tenderness to palpation of the bilateral cervical paraspinal muscles, right shoulder, and right volar wrist. Provider notes positive Hawkin's sign, Neer's sign to the right shoulder, and positive Phalen's sign and Tinel's sign in the right wrist. The patient is currently prescribed Norco, Anaprox, Prilosec, and Tizanidine. Diagnostic imaging was not included. Patient is not currently working; though progress note dated 04/22/15 advises patient return to work with modified duties. 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. In regard to the request for Norco, the treater has not provided adequate documentation to continue its use. This patient has been prescribed Norco since at least 02/24/14. Per 04/22/15 progress note, the only mention of medication efficacy is "his pain is tolerable with his meds", though no VAS scores with and without medications are provided. Addressing function, included with each progress report is a patient questionnaire concerning activities of daily living which asks the patient to describe functionality for different ADL tasks, and provides a thorough assessment of what the patient can and cannot accomplish. However, the questionnaire neglects to assess how this patient's function is improved through the use of narcotic medications. The 04/22/15 progress note advises the patient to "cont" with work modifications, though the "working" check-box implies that the patient is not currently working. There is a check-box stating medication compliance "as prescribed" though no toxicology reports or discussion of screening history is provided. In addition, there is no discussion of a lack of aberrant behavior. MTUS guidelines require documentation of analgesia via a validated scale, activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. The documentation provided does not include complete 4A's documentation; therefore continuation of Norco cannot be substantiated. The request is not medically necessary.