

Case Number:	CM15-0101428		
Date Assigned:	06/03/2015	Date of Injury:	11/19/2013
Decision Date:	07/09/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/27/2015

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 49 year old male, who sustained an industrial injury on 11/19/2013. He reported injury while installing cabinets. The injured worker was diagnosed as having bulging cervical disc with radiculopathy, bulging lumbar disc and right shoulder pain. There is no record of a recent diagnostic study. Treatment to date has included physiotherapy and medication management. In a maximum medical report dated 12/26/2014, the injured worker complains of neck pain, right shoulder pain, right forearm pain, right elbow and wrist pain and low back pain. The treating physician is requesting Flexeril 7.5 mg #240, Norco 10/325 mg #120, Voltaren ER 100 mg #180 and Prilosec 20 mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, #240: Upheld

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

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

Decision rationale: The patient presents on 12/26/14 with unrated neck pain, right shoulder pain, right forearm pain, right elbow pain, right wrist pain, and lower back pain. The patient's date of injury is 11/19/13. Patient has no documented surgical history directed at these complaints. The request is for flexeril 7.5mg #240. The RFA was not provided. Physical examination dated 12/26/14 reveals tenderness to palpation of the cervical spine with spasms noted, positive Spurling's test bilaterally, positive foramina compression test, and decreased sensation along the C6 through T2 dermatomal distributions. Right shoulder examination reveals tenderness to the greater tuberosities, subacromial grinding and clicking, tenderness to palpation of the rotator cuff muscles, and positive impingement test. Right upper extremity examination reveals tenderness to palpation over the lateral aspect of the elbow epicondyle, tenderness to palpation over the distal radioulnar joint, and abnormal two-point discrimination and motor power in the right hand. Lumbar spine examination reveals tenderness to palpation with spasms noted, positive straight leg raise bilaterally, decreased sensation along the L4 through S2 dermatomal distributions bilaterally. The patient is currently prescribed Anaprox, Prilosec, Norco, and Fexmid. Diagnostic imaging was not included, though MMI report dated 12/26/14 discusses MRI of the lumbar spine dated 03/03/14 as showing: "Disc dessication... L5-S1 level... Modic type 2 endplate degenerative changes at L1-2 and L5-S1 level. L4-L5 diffuse disc protrusion... flexion 2.7mm; extension 2.7mm... L5-S1 focal central disc extrusion with cranio-caudal extension indenting the thecal sac. Disk material and facet hypertrophy causing bilateral neuroforaminal stenosis that encroaches left and right L5 exiting nerve roots... neutral 8.8mm; flexion 7.8mm; extension 9.0mm." Report also references shoulder MRI dated 03/03/14 as showing: "partial tear of supraspinatus tendon... subacromial and subscapular bursitis... subchondral cyst erosion at the lateral aspect of the humeral head." Per 12/26/14 MMI report, patient is classified as totally disabled for the next 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. It is unclear how long this patient has been prescribed Flexeril or to what effect. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 240 tablets does not imply short duration therapy. Therefore, the request is not medically necessary.

Norco 10/325mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 12/26/14 with unrated neck pain, right shoulder pain, right forearm pain, right elbow pain, right wrist pain, and lower back pain. The patient's date of injury is 11/19/13. Patient has no documented surgical history directed at these complaints. The request is for Norco 10/325mg #120. The RFA was not provided. Physical examination dated 12/26/14 reveals tenderness to palpation of the cervical spine with spasms noted, positive Spurling's test bilaterally, positive foramina compression test, and decreased sensation along the C6 through T2 dermatomal distributions. Right shoulder examination reveals tenderness to the greater tuberosities, subacromial grinding and clicking, tenderness to palpation of the rotator cuff muscles, and positive impingement test. Right upper extremity examination reveals tenderness to palpation over the lateral aspect of the elbow epicondyle, tenderness to palpation over the distal radioulnar joint, and abnormal two-point discrimination and motor power in the right hand. Lumbar spine examination reveals tenderness to palpation with spasms noted, positive straight leg raise bilaterally, decreased sensation along the L4 through S2 dermatomal distributions bilaterally. The patient is currently prescribed Anaprox, Prilosec, Norco, and Fexmid. Diagnostic imaging was not included, though MMI report dated 12/26/14 discusses MRI of the lumbar spine dated 03/03/14 as showing: "Disc desiccation... L5-S1 level... Modic type 2 endplate degenerative changes at L1-2 and L5-S1 level. L4-L5 diffuse disc protrusion... flexion 2.7mm; extension 2.7mm... L5-S1 focal central disc extrusion with craniocaudal extension indenting the thecal sac. Disk material and facet hypertrophy causing bilateral neuroforaminal stenosis that encroaches left and right L5 exiting nerve roots... neutral 8.8mm; flexion 7.8mm; extension 9.0mm." Report also references shoulder MRI dated 03/03/14 as showing: "partial tear of supraspinatus tendon... subacromial and subscapular bursitis... subchondral cyst erosion at the lateral aspect of the humeral head." Per 12/26/14 MMI report, patient is classified as totally disabled for the next 6 weeks. 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. It is unclear how long this patient has been prescribed Norco or to what effect. The only progress note provided was a comprehensive MMI evaluation dated 12/26/14, which does not address medication efficacy, functional improvements, urine drug screening to date, or discuss 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. In this case, no such documentation is provided. Without documentation of the 4A's as required by MTUS, this medication cannot be substantiated. The request is not medically necessary.

Voltaren ER 100mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, under Diclofenac sodium (Voltaren®, Voltaren-XR®).

Decision rationale: The patient presents on 12/26/14 with unrated neck pain, right shoulder pain, right forearm pain, right elbow pain, right wrist pain, and lower back pain. The patient's date of injury is 11/19/13. Patient has no documented surgical history directed at these complaints. The request is for Voltaren ER 100MG #180. The RFA was not provided. Physical examination dated 12/26/14 reveals tenderness to palpation of the cervical spine with spasms noted, positive Spurling's test bilaterally, positive foramina compression test, and decreased sensation along the C6 through T2 dermatomal distributions. Right shoulder examination reveals tenderness to the greater tuberosities, subacromial grinding and clicking, tenderness to palpation of the rotator cuff muscles, and positive impingement test. Right upper extremity examination reveals tenderness to palpation over the lateral aspect of the elbow epicondyle, tenderness to palpation over the distal radioulnar joint, and abnormal two-point discrimination and motor power in the right hand. Lumbar spine examination reveals tenderness to palpation with spasms noted, positive straight leg raise bilaterally, decreased sensation along the L4 through S2 dermatomal distributions bilaterally. The patient is currently prescribed Anaprox, Prilosec, Norco, and Fexmid. Diagnostic imaging was not included, though MMI report dated 12/26/14 discusses MRI of the lumbar spine dated 03/03/14 as showing: "Disc desiccation... L5-S1 level... Modic type 2 end plate degenerative changes at L1-2 and L5-S1 level. L4-L5 diffuse disc protrusion... flexion 2.7mm; extension 2.7mm... L5-S1 focal central disc extrusion with craniocaudal extension indenting the thecal sac. Disk material and facet hypertrophy causing bilateral neuroforaminal stenosis that encroaches left and right L5 exiting nerve roots... neutral 8.8mm; flexion 7.8mm; extension 9.0mm." Report also references shoulder MRI dated 03/03/14 as showing: "partial tear of supraspinatus tendon... subacromial and subscapular bursitis... subchondral cyst erosion at the lateral aspect of the humeral head." Per 12/26/14 MMI report, patient is classified as totally disabled for the next 6 weeks. ODG Pain chapter, under Diclofenac sodium (Voltaren, Voltaren-XR) has the following: "Not recommended as first line due to increased risk profile. A large systematic review of available evidence on NSAIDs confirms that diclofenac, a widely used NSAID, poses an equivalent risk of cardiovascular events to patients, as did rofecoxib (Vioxx), which was taken off the market. According to the authors, this is a significant issue and doctors should avoid diclofenac because it increases the risk by about 40%." It goes on to state that there is a substantial increase in stroke. In this case, the provider is requesting Voltaren for this patient's chronic multi-system pain. It is unclear how long this patient has been prescribed Voltaren or to what effect. NSAIDs such as Voltaren are not recommended by MTUS as a first line medication owing to significant cardiovascular risks (equivalent to the risks posed by Vioxx, which has itself been withdrawn from the market). No rationale is provided as to why this patient is unable to tolerate other NSAID medications, without such discussion this medication cannot be substantiated as an appropriate treatment. Therefore, the request is not medically necessary.

Prilosec 20mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The patient presents on 12/26/14 with unrated neck pain, right shoulder pain, right forearm pain, right elbow pain, right wrist pain, and lower back pain. The patient's date of injury is 11/19/13. Patient has no documented surgical history directed at these complaints. The request is for Prilosec 20mg #120. The RFA was not provided. Physical examination dated 12/26/14 reveals tenderness to palpation of the cervical spine with spasms noted, positive Spurling's test bilaterally, positive foramina compression test, and decreased sensation along the C6 through T2 dermatomal distributions. Right shoulder examination reveals tenderness to the greater tuberosities, subacromial grinding and clicking, tenderness to palpation of the rotator cuff muscles, and positive impingement test. Right upper extremity examination reveals tenderness to palpation over the lateral aspect of the elbow epicondyle, tenderness to palpation over the distal radioulnar joint, and abnormal two-point discrimination and motor power in the right hand. Lumbar spine examination reveals tenderness to palpation with spasms noted, positive straight leg raise bilaterally, decreased sensation along the L4 through S2 dermatomal distributions bilaterally. The patient is currently prescribed Anaprox, Prilosec, Norco, and Fexmid. Diagnostic imaging was not included, though MMI report dated 12/26/14 discusses MRI of the lumbar spine dated 03/03/14 as showing: "Disc desiccation... L5-S1 level... Modic type 2 end plate degenerative changes at L1-2 and L5-S1 level. L4-L5 diffuse disc protrusion... flexion 2.7mm; extension 2.7mm... L5-S1 focal central disc extrusion with craniocaudal extension indenting the thecal sac. Disk material and facet hypertrophy causing bilateral neuroforaminal stenosis that encroaches left and right L5 exiting nerve roots... neutral 8.8mm; flexion 7.8mm; extension 9.0mm." Report also references shoulder MRI dated 03/03/14 as showing: "partial tear of supraspinatus tendon... subacromial and subscapular bursitis... subchondral cyst erosion at the lateral aspect of the humeral head." Per 12/26/14 MMI report, patient is classified as totally disabled for the next 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to Prilosec, the treater has not provided a reason for the request. It is unclear how long this patient has been prescribed Prilosec or to what effect. There is no specific discussion of GI symptoms in the only progress report provided, an MMI dated 12/26/14. This patient is currently prescribed an NSAID, Voltaren, which is not substantiated owing to a lack of guideline support as a first-line NSAID medication. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or subjective complaints of GI upset which would support continued use of this medication. Therefore, this request is not medically necessary.