

Case Number:	CM15-0106365		
Date Assigned:	06/10/2015	Date of Injury:	01/20/2011
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/02/2015

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: Preventive Medicine, Occupational Medicine

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 43 year old male, who sustained an industrial injury on 01/20/2011. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having discogenic cervical condition, discogenic lumbar condition, impingement syndrome and bicipital tendinitis of the left shoulder, status post left shoulder decompression with bicep tendon release and stabilization, weight gain, element of depression, headaches, issues with sleep and concentration associated with chronic pain, and incidental finding showing a fatty liver on ultrasound. Treatment and diagnostic studies to date has included psychiatric therapy, medication regimen, above noted procedures, magnetic resonance imaging of the lumbar spine, and magnetic resonance imaging of the left shoulder. In a progress note dated 04/22/2015 the treating physician reports complaints of severe neck pain, intermittent left shoulder pain, along with spasms, stiffness, and severe pain to the low back pain with radiating shooting pain to the leg. The injured worker also has symptoms of depression. Examination reveals tenderness to the lumbar paraspinal muscles, pain with facet loading, pain along the facets and the cervical spine, and pain with range of motion of the left shoulder. The injured worker's current medication regimen includes Wellbutrin, Norco, Flexeril, and Protonix, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of his current medication regimen. The documentation provided did not indicate if the injured worker experienced any functional improvement with use of his current medication regimen. Also, the treating physician did not indicate any specific gastrointestinal symptoms. The treating

physician requested the medications of Norco 10/325mg with a quantity of 120 for moderate to severe pain, Protonix 20mg with a quantity of 60 for upset stomach, and Flexeril 7.5mg with a quantity of 60 for muscle spasms, not current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. There are no urine drug screens to assess for compliance or abhorrent behavior. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325 MG #120 is not medically necessary.

Protonix 20 MG #60: 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 & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Protonix are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Protonix when using NSAIDs. The request for Protonix 20 mg #60 is not medically necessary.

Flexeril 7.5 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. It is unclear how long the injured worker has been taking Flexeril and there is no documentation of an acute exacerbation of pain. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Flexeril 7.5 MG #60 is not medically necessary.