

Case Number:	CM15-0109804		
Date Assigned:	06/16/2015	Date of Injury:	08/08/2013
Decision Date:	08/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/08/2015

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 35 year old male, who sustained an industrial injury on 8/8/13. The injured worker has complaints of right hip pain, back pain and right shoulder pain. The diagnoses have included cervical sprain/strain; thoracic spine sprain/strain and lumbosacral sprain/strain. Treatment to date has included magnetic resonance imaging (MRI) of the right shoulder showed mild tendinosis of the supraspinatus tendon; magnetic resonance imaging (MRI) of the lumbar spine showed no evidence of acute fracture or ligamentous injury to the lumbar spine; magnetic resonance imaging (MRI) of the cervical spine showed mild degenerative disc disease at C4-C5 and C5-C6; electromyography/nerve conduction study showed evidence of borderline compression of the left ulnar nerve at the elbow segment. Several documents within the submitted medical records are difficult to decipher. The request was for nabumetone 500mg #60; Cyclobenzaprine 10mg #60; Norco 7.5/325mg #60 and 3 to 4 random urine drug screens per year (X4 units).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 and 72-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 08/08/13 and presents with pain in his right hip pain, back pain and right shoulder. The request is for NABUMETONE 500 MG #60. The RFA is dated 04/22/15 and the patient is to continue to work on modified work duty. The patient has been taking this medication as early as 01/09/15. MTUS Chronic Pain Medical Treatment Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The patient is diagnosed with shoulder adhesive capsulitis, rotator cuff tendinitis, and cervical DDD. The reason for the request is not provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. There is no documentation of how Nabumetone has impacted the patient's pain and function, as required by MTUS guidelines. Therefore, the requested Nabumetone IS NOT medically necessary.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63 and 64.

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

Decision rationale: The patient was injured on 08/08/13 and presents with pain in his right hip pain, back pain and right shoulder. The request is for CYCLOBENZAPRINE 10 MG #60. The RFA is dated 04/22/15 and the patient is to continue to work on modified work duty. The patient has been taking this medication as early as 01/09/15. MTUS, pages 63-66, states: Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. The patient is diagnosed with shoulder adhesive capsulitis, rotator cuff tendinitis, and cervical DDD. The reason for the request is not provided. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking Cyclobenzaprine as early as 01/09/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. Furthermore, an additional 60 tablets of Cyclobenzaprine is not within short-term use. The requested Cyclobenzaprine IS NOT medically necessary.

Norco 7.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78-80, 91 and 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 80.

Decision rationale: The patient was injured on 08/08/13 and presents with pain in his right hip pain, back pain and right shoulder. The request is for NORCO 7.5/325 MG #60. The RFA is dated 04/22/15 and the patient is to continue to work on modified work duty. The patient has been taking this medication as early as 12/04/14. 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." MTUS page 98 also continues to state that the maximum dose of hydrocodone is 60 mg per day. Pages 80, 81 of MTUS also states, "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." On 12/04/14, the patient rated his pain as a 6/10 and on 01/09/15 he rated it as an 8/10, on 02/11/15 his pain as at a 5/10. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. Although there are general pain scales provided, there are no before and after medication pain scales given with the intake of Norco. There are no examples of ADLs which demonstrate medication efficacy from Norco, nor are there any discussions provided on adverse behavior/side effects of Norco. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. There are no urine drug screens provided to see if the patient is compliant with his prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

3 to 4 random urine drug screens per year (x 4 units): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77-80 and 94.

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

Decision rationale: The patient was injured on 08/08/13 and presents with pain in his right hip pain, back pain and right shoulder. The request is for NORCO 7.5/325 MG #60 for opioid use. The RFA is dated 04/22/15 and the patient is to continue to work on modified work duty. There are no prior urine drug screens provided for review. While MTUS Guidelines do not specifically address how frequently UDS should be obtained for various risks of opiate users, ODG Guidelines provide clear documentation. They recommend once yearly urine drug screen

following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. The patient is diagnosed with shoulder adhesive capsulitis, rotator cuff tendinitis, and cervical DDD. There is no indication of why the patient needs 3 to 4 UDS a year. As of 05/15/15, the patient is taking Nabumetone, Cyclobenzaprine, and Norco. There are no prior urine drug screens provided for review, nor has the treater documented that the patient is at high risk for adverse outcomes, or has active substance abuse disorder. There is no discussion regarding this patient being at risk for any aberrant behaviors. The requested urine drug screen IS NOT medically necessary.