

Case Number:	CM15-0145144		
Date Assigned:	08/10/2015	Date of Injury:	03/31/2003
Decision Date:	09/29/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/27/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 54 year old male, who sustained an industrial injury on March 31, 2003. He reported injuries of the left cheek, upper back, and spine. The injured worker was diagnosed as having upper back and thoracic strain and contusion, bilateral cervical strain, lumbar strain with left lumbar radiculopathy, left shoulder strain, right wrist strain, post-traumatic headaches, left temporomandibular joint dysfunction, left hypothenar area twitching and fasciculation, status post right shoulder surgery for a full thickness rotator cuff tear, gastroesophageal reflux disease symptoms due to chronic pain medication use, and secondary insomnia due to chronic pain. The medical records refer to an MRI of the left shoulder, performed on April 28, 2003, that revealed a possible supraspinatus tendinopathy; an MRI of the cervical spine, performed on April 28, 2003, that revealed no abnormal findings, and subsequent MRIs of the thoracic spine and lap suggested multilevel decreased sensation. On August 23, 2008, an MRI of the right shoulder revealed a focal full thickness tear of the supraspinatus tendon I close proximity to its insertion, advanced tendinopathy, and a mild acromioclavicular arthropathy. The MRI reports were not included in the provided medical records. Surgeries to date have included left shoulder arthroscopy with debridement rotator cuff and supraspinatus tendon and open distal clavicle resection in 2005 and right shoulder open tenodesis of the right bicep tendon with open repair of complex rotator cuff tear in 2013. Treatment to date has included work modifications, a mouth brace, cervical and thoracic epidural steroid injections, shoulder injections, a home exercise program, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including sleep, opioid analgesic, muscle relaxant, proton pump inhibitor, and non-steroidal anti-

inflammatory. There were no noted previous injuries or dates of injury, and no noted comorbidities. On June 17, 2015, the injured worker reported thoracic spine pain that is rated 7 out of 10, lumbar spine pain that is rated 8 out of 10, and left shoulder discomfort that is rated 6 out of 10. His medications decreased his [pain ratings by 50%. He stopped physical therapy after 4 sessions due to increased pain without relief or improvement. In addition, he reported right shoulder pain with freezing, low back pain radiating to the left lower extremity with numbness, neck pain, upper back pain, Left shoulder pain with popping, left jaw pain and popping, right wrist pain, daily headaches that are more intense 3 times a week, stomach difficulty, and stomach upset due to pain medication use. The physical exam revealed a shallow indentation at thoracic 2-4 due to impact of the pole when he fell, continued parathoracic muscle spasm, moderate paralumbar muscle spasm-mostly on the left, decreased lumbar range of motion, a positive left straight leg raise at 70 degrees causing posterior leg and thigh pain, and negative bilateral Lasegue's tests. There was volar and radial aspect tenderness of the right wrist, negative Tinel's sign and Phalen's test, and right arm biceps tenderness. There was slight spasm and tenderness of the paracervical muscles, decreased cervical range of motion, and negative bilateral Spurling's sign. There was a healed arthroscopic surgical scar, slight tenderness over the acromioclavicular joint and decreased range of motion of the right shoulder. There was left temporomandibular joint tenderness and range of motion with palpable crepitation and audible popping. There was decreased sensation over the right fourth and fifth digits, and a normal gait. His work status is continued temporarily totally disabled. He has been deemed permanent and stationary. The treatment plan includes continuing Norco, Soma, Prilosec, and Naproxen sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The long term usage of opioid therapy is discouraged by the CMTUS guidelines unless there is evidence of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." In addition, CMTUS guidelines also detail indications for discontinuing opioid medication, such as serious non-adherence or diversion. There was lack of physician documentation of the least reported pain over the period since last assessment, average pain, how long it takes for pain relief, how long pain relief lasts, improvement in pain, and improvement in function. There was a lack of documentation the opioid compliance guidelines which include risk assessment profile, attempt at weaning/tapering, ongoing efficacy, and an updated and signed pain contract between the provider and the claimant, and the lack of objective evidence of functional benefit obtained

from the opioid medication. There was lack of documentation of a recent urine drug screen to support compliance of treatment with Norco, which would be necessary for continued usage. Therefore, the Norco is not medically necessary.

Soma 350mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Carisoprodol (Soma).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma); Muscle relaxants (for pain) Page(s): 29; 63-66.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Soma (carisoprodol), a sedating centrally acting skeletal muscle relaxant, is not recommended and not indicated for long term use (greater than 2-3 weeks). Non-sedating muscle relaxants are recommended with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. This injured worker has chronic low back pain with no evidence of prescribing for flare-ups. Prescribing has occurred since at least January 2015, which exceeds the guideline recommendation. No reports show any specific and significant improvements in pain or function as a result of Soma. Per the MTUS, Soma is not recommended for chronic pain and has habituating and abuse potential. Therefore, the request for Soma is not medically necessary.

Prilosec 20mg #60: Upheld

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 & cardiovascular risk Page(s): 68-69.

Decision rationale: Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, Prilosec (Omeprazole), a proton pump inhibitor medication, when the injured worker is at intermediate or high risk for gastrointestinal events without cardiovascular disease and at high risk for gastrointestinal events with cardiovascular disease. Patients at risk for gastrointestinal events are older than 65 years, have a history peptic ulcer, GI bleeding or perforation, concurrently use of ASA, corticosteroids, and-or an anticoagulant; or are on high dose or multiple NSAID (e.g., NSAID + low-dose ASA). There is lack of evidence that the injured worker is at intermediate or high risk for gastrointestinal events. The injured worker is younger than 65 years and there was lack of documentation of a history peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and-or an anticoagulant; or are on high dose or multiple NSAID (e.g., NSAID + low-dose ASA). Therefore, the Prilosec is not medically necessary.

Naproxen Sodium 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) NSAIDs; specific drug list & adverse effects: Naproxen (Naprosyn) Page(s): 67-68; 73.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommend Naproxen sodium, a non-steroidal anti-inflammatory drug (NSAID), as a second-line treatment for the short-term relief of pain. The medical records show that the injured worker has used the non-steroidal anti-inflammatory medication, Naproxen sodium, since at least January 2015, which exceeds the guideline recommendation. There was lack of documentation of improvement of symptoms or function. Therefore, the request for Naproxen sodium is not medically necessary.