

<b>Case Number:</b>	CM15-0162615		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	02/24/2006
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 59 year old male who sustained an industrial injury on 2-24-06 when a 35 pound object slipped from his grasp causing him to go forward to grab the object experiencing an acute onset of pain and stiffness of his posterior cervical region, right shoulder, right elbow and low back. He was medically evaluated and given work modification and medications. His symptoms persisted and had right shoulder surgery in 2006. His activities of daily living were compromised. He currently complains of cervical spine pain radiating to bilateral upper extremities with a pain level of 6 out of 10; right shoulder pain with a pain level of 6 out of 10. On physical exam of the right shoulder, there was restricted and painful range of motion. Medications were Norco, Prilosec, naproxen, gabapentin. On 7-13-15 a drug screen was consistent with prescribed medications. Over time he developed constipation and gastric complaints (per 10-30-07 note). Diagnoses were cervical spine sprain, strain; status post right shoulder surgery. There were no diagnostic available for review. In the progress note dated 7-13-15 the treating provider's plan of care included requests for Norco 10-325mg #60 with 3 refills; Prilosec 20mg #90 with 3 refills; naproxen 550mg #90 with 3 refills; gabapentin 600mg #60 with 3 refills; range of motion testing.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** Based on the 07/13/15 progress report provided by treating physician, the patient presents with cervical spine pain radiating to bilateral upper extremities and right shoulder pain rated 6/10. The patient is status post right shoulder surgery in 2006. The request is for NORCO 10/325MG #60 WITH 3 REFILLS. RFA with the request not provided. Patient's diagnosis on 07/13/15 includes cervical spine sprain/strain. Physical examination to the shoulder revealed restricted and painful range of motion. Treatment to date has included surgery and medications. Patient's medications include Norco, Prilosec, Naproxen, and Gabapentin. The patient is permanent and stationary with future medical, per 07/13/15 report. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." This 59 year old patient has an injury date of 02/24/05. Norco was included in patient's medications per 07/13/15 report. It is not known when Norco was initiated. In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." UDS dated 07/15/15 revealed consistent results, but no mention of opioid pain agreement or CURES reports. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Furthermore, the request for 3 refills appears excessive, given no discussion is provided by treater pertaining to dosage. MTUS page 90 states, "Hydrocodone has a recommended maximum dose of 60mg/24 hrs." MTUS also does not support greater than 120 mg equivalent Morphine dosing without pain management specialty consult and very special circumstances. Given lack of documentation, this request IS NOT medically necessary.

**Prilosec 20mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** Based on the 07/13/15 progress report provided by treating physician, the patient presents with cervical spine pain radiating to bilateral upper extremities and right shoulder pain rated 6/10. The patient is status post right shoulder surgery in 2006. The request is for PRILOSEC 20MG #90 WITH 3 REFILLS. RFA with the request not provided. Patient's diagnosis on 07/13/15 includes cervical spine sprain/strain. Physical examination to the shoulder revealed restricted and painful range of motion. Treatment to date has included surgery and medications. Patient's medications include Norco, Prilosec, Naproxen, and Gabapentin. The patient is permanent and stationary with future medical, per 07/13/15 report. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. MTUS continues to state, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." This 59 year old patient has an injury date of 02/24/05. Prilosec was included in patient's medications per 07/13/15 report. Per internal medicine consultation dated 05/24/07, treater states the patient "began to experience gastrointestinal symptoms. He related that they consisted of episodes of burning epigastric pain and sharp right upper quadrant pain, accompanied by heartburn, nausea, abdominal bloating, flatulence, and frequent constipation...since late 2006 [REDACTED] has prescribed Zantac, which provides 'moderate' relief of [the patient's] gastrointestinal symptoms; in March, 2007, [REDACTED] prescribed an additional medication, omeprazole, which has provided a slight measure of additional relief of [the patient's] gastrointestinal symptoms. Diagnoses: duodenitis with acid peptic disease, secondary to non-steroidal anti-inflammatory drugs and emotional stress of ongoing musculoskeletal pain; probable irritable bowel syndrome with constipation "MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Given patient's diagnosis, this request would appear to be indicated. However, there is no current documentation of medication efficacy. Furthermore, the request for quantity 90 with 3 refills is excessive. Treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary n medications are used for chronic pain and physician monitoring. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

**Naproxen 550mg #90 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** Based on the 07/13/15 progress report provided by treating physician, the patient presents with cervical spine pain radiating to bilateral upper extremities and right shoulder pain rated 6/10. The patient is status post right shoulder surgery in 2006. The request is for NAPROXEN 550MG #90 WITH 3 REFILLS. RFA with the request not provided. Patient's diagnosis on 07/13/15 includes cervical spine sprain/strain. Physical examination to the shoulder revealed restricted and painful range of motion. Treatment to date has included surgery and medications. Patient's medications include Norco, Prilosec, Naproxen, and Gabapentin. The patient is permanent and stationary with future medical, per 07/13/15 report. MTUS, Anti-inflammatory medications, pg 22 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 nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. This 59 year old patient has an injury date of 02/24/05. Naproxen was included in patient's medications per 07/13/15 report, and it is not known when it was initiated. The patient has been taking NSAID's at least since 2007, based on internal medicine report dated 05/24/07. In this case, treater does not discuss the impact of the NSAID on patient's pain or function. Although use of oral NSAIDs may be indicated given the patient's chronic pain condition, without documentation of efficacy, it is not supported by MTUS. In addition, the request for quantity 90 with 3 refills is excessive. Treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. MTUS requires a record of pain and function when medications are used for chronic pain and physician monitoring. Therefore, the request IS NOT medically necessary.

**Gabapentin 600mg #80 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** Based on the 07/13/15 progress report provided by treating physician, the patient presents with cervical spine pain radiating to bilateral upper extremities and right shoulder pain rated 6/10. The patient is status post right shoulder surgery in 2006. The request is for GABAPENTIN 600MG #80 WITH 3 REFILLS. RFA with the request not provided. Patient's diagnosis on 07/13/15 includes cervical spine sprain/strain. Physical examination to the shoulder revealed restricted and painful range of motion. Treatment to date has included surgery and medications. Patient's medications include Norco, Prilosec, Naproxen, and Gabapentin. The patient is permanent and stationary with future medical, per 07/13/15 report. MTUS, Anti-epilepsy drugs (AEDs) Section, pgs 18, 19 state the following: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for

neuropathic pain." This 59 year old patient has an injury date of 02/24/05. Gabapentin was included in patient's medications per 07/13/15 report, and it is not known when it was initiated. In this case, treater does not discuss the impact of Gabapentin on patient's pain or function. Although Gabapentin may be indicated given the patient's post-surgical status and chronic cervical spine pain with radicular symptoms, without documentation of efficacy, it is not supported by MTUS. In addition, the request for quantity 90 with 3 refills is excessive. Treater does not document why the patient requires such a high dose, how it is being used on daily basis and with what specific effect. MTUS also requires a record of pain and function when medications are used for chronic pain and physician monitoring. Therefore, the request IS NOT medically necessary.

**Range of Motion Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Low Back Chapter (updated 07/17/15).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter under Functional Improvement Measures.

**Decision rationale:** Based on the 07/13/15 progress report provided by treating physician, the patient presents with cervical spine pain radiating to bilateral upper extremities and right shoulder pain rated 6/10. The patient is status post right shoulder surgery in 2006. The request is for RANGE OF MOTION TESTING. RFA with the request not provided. Patient's diagnosis on 07/13/15 includes cervical spine sprain/strain. Physical examination to the shoulder revealed restricted and painful range of motion. Treatment to date has included surgery and medications. Patient's medications include Norco, Prilosec, Naproxen, and Gabapentin. The patient is permanent and stationary with future medical, per 07/13/15 report. ODG-TWC, Pain Chapter under Functional Improvement Measures states that it is recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function, or maintenance of function that would otherwise deteriorate. The following category should be included in this assessment including: Work function and/or activities of daily living, physical impairments, approach to self-care and education. MTUS, page 48, Functional Improvement Measures are discussed in regards to "Physical Impairments (e.g., joint ROM, muscle flexibility, strength, or endurance deficits): Include objective measures of clinical exam findings. ROM should be in documented in degrees." In this case, treater has not provided medical rationale for the request. ROM measurements can be easily obtained via clinical examination. ODG guidelines recommend range of motion testing and muscle testing as part of follow-up visits and routine physical examination. In addition, ROM testing is not recommended as a separate billable service. Therefore, the request IS NOT medically necessary.