

Case Number:	CM15-0188129		
Date Assigned:	09/30/2015	Date of Injury:	01/04/2014
Decision Date:	11/09/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/24/2015

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: Montana

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 57 year old female with a date of injury on 01-04-2014. The injured worker is undergoing treatment for moderate disc herniation at C6-C7 with C7 nerve root impingement; status post left shoulder arthroscopy on 06-15-2015, left shoulder 50% thickness rotator cuff tear per intraoperative findings, and closed head injury with concussion. A physician note dated 07-24-2015 documents ongoing pain in her right and left shoulder. Left shoulder and right shoulder range of motion is restricted left greater than right. She also has ongoing neck pain that radiates to her left upper extremity and she has numbness and tingling in both hands. She has worsening headaches. She has reduced sensation of the C6 and C7 nerve roots bilaterally. Cervical decompression and fusion is recommended. A physician progress note dated 08-21-2015 documents the injured worker complains of ongoing pain in her right shoulder. She also complains of continued pain in the neck with upper extremity radicular pain. She complains of ongoing headaches and was unable to fill his prescription for Fioricet. Left shoulder range of motion is restricted and painful. The injured worker has completed 9 out of 12 physical therapy sessions for the left shoulder with some improvement, however she remains symptomatic and is in need of additional therapy to rehabilitate from surgery. She reports minimal benefit from Relafen, and it was discontinued and Ibuprofen was prescribed. Treatment to date has included diagnostic studies, medications, status post left shoulder arthroscopy on 06- 15-2015, 9 post-operative physical therapy sessions to the left shoulder, physical therapy to the cervical spine, chiropractic sessions, cervical epidural injections and a home exercise program. She is not working. The Request for Authorization dated 08-21-2015 includes 12 additional sessions of

post-operative physical therapy 2 times a week for 6 weeks, Ibuprofen, Norco (since at least 11-20-2015) and Flexeril (since at least 12-27-2014). On 08-31-2015 Utilization Review non-certified the request for Flexeril 10mg #30 (script + 2 refills), and Norco 5/325mg #60 (script). The request for Ibuprofen 600mg #90 (script + 2 refills) was modified to Ibuprofen 600mg take 1 tablet 3 x a day with food as needed #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90 (script + 2 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 (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). The MTUS states that non-steroidal anti-inflammatory medications are recommended at the lowest dose for the shortest period possible in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. In this case the records do document long term use with no specific documentation of functional improvement and side effects. The Utilization Review on 8/31/15 certified a 1 month supply to allow documentation of efficacy related to the treatment with ibuprofen. Without additional documentation, the request for Ibuprofen 600 mg #90 (script + 2 refills) is not medically necessary.

Norco 5/325mg #60 (script): 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): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. In this case the medical records indicate that the injured worker continues to use Norco on a long-term basis since at least April 2015. The records do not document presence or absence of aberrant pain behaviors or signs of abuse. Urine drug testing is not documented and there is no pain contract in place. It is noted that the medications provide some pain relief. There is no documentation of specific functional improvement or a pain assessment to include the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The primary treating physician must provide adequate documentation to support ongoing treatment with opioid medications, as described in the MTUS. At this time the request for Norco 5/325mg #60 (script) is not medically necessary.

Flexeril 10mg #30 (script + 2 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): Muscle relaxants (for pain).

Decision rationale: The MTUS notes that cyclobenzaprine (Flexeril) is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Flexeril is not recommended to be used for longer than 2-3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery.

Cyclobenzaprine (Flexeril) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. In this case the medical records show that Flexeril was prescribed since at least March 2015. The primary treating physician's notes indicate that the medications provide some pain relief but do not describe specific functional improvement. The continued use of cyclobenzaprine is not consistent with the MTUS guidelines which recommend only short-term use. The current request is for 3 additional months of treatment. The request for Flexeril 10 mg #30 (script + 2 refills) is not medically necessary.