

Case Number:	CM15-0189577		
Date Assigned:	10/02/2015	Date of Injury:	08/22/2008
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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:

This 50 year old female sustained an industrial injury on 8-22-08. Documentation indicated that the injured worker was receiving treatment for lumbar sprain and strain, right shoulder rule out internal derangement and right wrist sprain and strain. Previous treatment included right shoulder arthroscopy, physical therapy and medications. In a PR-2 dated 2-29-15, the injured worker complained of low back and right shoulder pain. Physical exam was remarkable for tenderness to palpation to the lumbar paravertebrals. In PR-2's dated 3-25-15 and 5-6-15, the injured worker complained of "severe" low back pain, rated 8 out of 10 on the visual analog scale as well as right shoulder pain. In a PR-2 dated 8-26-15, the injured worker complained of low back pain with spasms, right shoulder pain with limited mobility and right wrist pain with numbness and tingling. The injured worker's pain was not quantified. Physical exam was remarkable for tenderness to palpation to the lumbar paravertebrals with "decreased and painful" range of motion and tenderness to palpation to the right shoulder joint line with "decreased and painful" range of motion. The injured worker had been prescribed Norco, Flexeril, Prilosec and Menthoderm cream since at least 2-29-15. The treatment plan included medications (Norco, Flexeril, Prilosec and Menthoderm cream). On 9-10-15, Utilization Review noncertified a request for Prilosec 20mg #90 and Flexeril 10mg #60 and modified a request for Norco 10- 325mg #90 to Norco 10-325mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec DR 20mg qty: 90.00: 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: The patient presents with low back, right shoulder, and right wrist pain. The request is for PRILOSEC DR 20MG QTY: 90.00. The request for authorization is dated 08/26/15. Physical examination reveals tender lumbar paravertebrals. Decreased painful range of motion. Tender right shoulder joint. Patient's medications include Norco, Flexeril, Prilosec, and Methoderm Cream. The patient's work status is not provided. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. Patient has been prescribed Prilosec since at least 03/25/15. In this case, treater does not document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss how the patient is doing, what gastric complaints there are, and why he needs to continue taking Prilosec. Furthermore, the patient is not prescribed any NSAIDs. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Norco 10/325mg qty: 90.00: 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: The patient presents with low back, right shoulder, and right wrist pain. The request is for NORCO 10/325MG QTY: 90.00. The request for authorization is dated 08/26/15. Physical examination reveals tender lumbar paravertebrals. Decreased painful range of motion. Tender right shoulder joint. Patient's medications include Norco, Flexeril, Prilosec, and Methoderm Cream. The patient's work status is not provided. 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, p77, 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." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater does not specifically discuss this medication. Patient has been prescribed Norco since at least 03/25/15. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Norco significantly improves patient's activities of daily living with specific examples demonstrating functional improvement. There are no before and after numerical scales or validated instruments addressing analgesia, nor discussion regarding adverse effects and aberrant drug behavior. A UDS dated 07/29/15 was provided. In this case, treater has not adequately discussed all of the 4A's as required by MTUS. Therefore, the request IS NOT medically necessary.

Flexeril 10mg qty: 60.00: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents with low back, right shoulder, and right wrist pain. The request is for FLEXERIL 10MG QTY: 60.00. The request for authorization is dated 08/26/15. Physical examination reveals tender lumbar paravertebrals. Decreased painful range of motion. Tender right shoulder joint. Patient's medications include Norco, Flexeril, Prilosec, and Methoderm Cream. The patient's work status is not provided. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "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) This medication is not recommended to be used for longer than 2-3 weeks." Treater does not specifically discuss this medication. Patient has been prescribed Flexeril since at least 03/25/15. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for additional Flexeril Qty 60.00 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.