

Case Number:	CM15-0193845		
Date Assigned:	10/07/2015	Date of Injury:	07/22/1999
Decision Date:	12/18/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/02/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 56-year-old male who sustained an industrial injury on 7-22-1999. Diagnosis is right shoulder pain. Documented treatment includes physical therapy, home exercise, and medication. On 9-10-2015 he injured worker continues to report bilateral shoulder pain rated as 8 out of 10 with poor quality of sleep and having good and bad days. The physician noted that there were no changes since the last visit. The medical records for the past 6 months showed consistency with the IW reports of pain and functionality. The treating physician's plan of care includes continuing the existing medication regimen including Thermacare heatwrap which the injured worker uses when working to avoid taking oral medication, Lorzone, Voltaren Gel, Trazodone, Neurontin, and Norco stated to reduce pain from 10 out of 10, to 5 out of 10 and enabling him to do household chores and work his full time job. He had been on Flexeril but this was discontinued 4-23-2015 due to side effects. Length of time on these medications is not documented, however, they have been present for at least 6 months, with the exception of the discontinued Flexeril. Documentation states that ACOEM guidelines have been met citing evidence of urine drug screening which the physician stated was within expectations, the injured worker had signed an appropriate pain contract, medication was provided by one physician only and changes in opioid prescribing are consistent with observed functional status. The request medications are Norco #90 which was denied, and Motrin #60 with 5 refills which was modified to #60 without refills, both dated 9-28-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen.

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, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests), Opioids, steps to avoid misuse/addiction, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of severe musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT has failed. The chronic use of opioids can be associated with the development of tolerance dependency, addiction, sedation and adverse interaction with other sedative agents. The records indicate that the patient was compliant with utilization of Norco. There are subjective and objective findings of efficacy and functional restoration without adverse medication effect. The criteria for the use of Norco 10/325mg #90 have been met. Therefore, the request is medically necessary.

Motrin 800mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The risk is significantly increased when multiple NSAIDs are being utilized concurrently. The records indicate that the patient is utilizing multiple NSAIDs in oral and topical formulations. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the shortest periods to decrease the incidence of complications. The utilization of multiple refills is not supported by the guidelines documentations of clinic evaluations to support continual indication for medications is required before each prescription refill. The criteria for the use of Motrin 800mg #60 with 5 refills was not met, therefore is not medically necessary.

Neurontin 600mg #60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Anticonvulsants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that anticonvulsants can be utilized for the treatment of neuropathic pain and chronic pain syndrome. The use of anticonvulsant can result in reduction in pain scores, mood stabilization, functional restoration and decreased analgesic utilization. The guidelines require that patients be frequently evaluated to document compliance, efficacy and continual need for the prescribed medications before refills. The criteria for Neurontin 600mg #60 with 5 refills was not met, therefore is not medically necessary.

Lorzone 375mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Muscle Relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for short term treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid analgesics, exercise and PT have failed. The chronic use of muscle relaxants can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with other sedative medications. The records indicate that the duration of utilization of Lorzone had exceeded that guidelines recommended maximum period of 4 to 6 weeks. The criteria for the use of Lorzone 375mg #60 was not met, therefore is not medically necessary.

Voltaren 1% gel #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects, Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs, Topical Analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of cardiovascular, renal and gastrointestinal complications. The risk is significantly increased when multiple NSAIDs are being utilized concurrently. The records indicate that the patient is utilizing multiple NSAIDs in oral and topical formulations. The guidelines recommend that the use of NSAIDs be limited to the lowest possible dosage for the shortest periods to decrease the incidence of complications. The utilization of multiple refills is not supported by the guidelines documentations of clinic evaluations to support continual indication for medications is required before each prescription refill. The criteria for the use of Voltaren 1% #5 was not met, therefore is not medically necessary.