

Case Number:	CM15-0205489		
Date Assigned:	10/22/2015	Date of Injury:	04/09/2009
Decision Date:	12/07/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/19/2015

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: Washington, California

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 38 year old woman who sustained an industrial injury on 4-9-2009. She has been diagnosed with bilateral derangement of the shoulder joint and sprain of left knee. Treatment has included injections, medications, ice, massage, and physical therapy. She last worked 9-9-2014. Physician notes dated 9-22-2015 reported complaints of continuous shoulder pain with radiation to the neck, elbows, and hands and associated clicking and grinding in the shoulder and numbness and tingling in the hands and fingers. The worker also reported difficulty sleeping and waking with pain. The physical examination showed tenderness to palpation over the left knee joint medially with range of motion within functional limits. Recommendations included physical therapy, Cyclobenzaprine, Norco, Omeprazole, and follow up in four weeks. Physician notes dated 10-20-2015 reported follow up after recent knee injection. No other symptoms were documented. Exam showed tenderness to palpation over the left knee joint medially with range of motion within functional limits. Tests for knee instability were normal. Utilization Review denied requests for Norco, Omeprazole, and Cyclobenzaprine on 10-7-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCl tablets, Usp 10mg, 1 tab twice daily #60 refills; 2: 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 General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. The patient has pain in her shoulders and knees. There is no documentation of signs or symptoms of muscle spasms. Use of a muscle relaxant in this situation is not indicated. The request is not medically necessary.

Hydrocodone (Norco 5/325mg) tablet, 1 tab twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction,.

Decision rationale: Hydrocodone-Acetaminophen (Norco) is a mixed medication made up of the short acting, opioid, hydrocodone, and acetaminophen, better known as Tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day, which is usually 60-120 mg/day of hydrocodone. According to the MTUS opioid therapy for control of chronic neuropathic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. When treating moderate to severe nociceptive pain, defined as non-radicular pain caused by continual injury, the MTUS considers opioid therapy to be the standard of care. Success of this therapy is noted when there is significant improvement in pain or function. The risk with this therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly address this issue and have outlined criteria for monitoring patients to allow for safe use of chronic opioid therapy. This patient has nociceptive pain in her shoulders and knees so use of an opioid medication is indicated. However, there is no

documentation in the records available for review that the provider has followed the above noted guidelines for the safe use of chronic opioids in that the provider did not document the effectiveness of the opioid medication, medication side effects, use of/review of a patient contract for chronic use of opioids, or evaluate for aberrant drug use. The safe use of chronic opioid therapy should have this documentation. Considering all the above information, continued use of opioid medications at this time has not been substantiated. The request is not medically necessary.

Omeprazole Dr 20mg capsule, 1 daily #30 refill; 2: Upheld

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

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

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory drugs (NSAIDs) in patients that are at intermediate risk of developing gastric problems from the NSAIDs but does not address its use to prevent or treat dyspepsia caused by long term use of opioids, which is a know side effect of opioid medications. Other pain guidelines do not address the opioid-induced dyspepsia issue either. This patient is not taking NSAIDs, is not approved to take chronic opioids and does not have symptoms of dyspepsia. There is no present indication for use of this medication. The request is not medically necessary.