

Case Number:	CM15-0020089		
Date Assigned:	02/09/2015	Date of Injury:	11/14/2008
Decision Date:	04/01/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/03/2015

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 female patient, who sustained an industrial injury on 11/14/2008. A primary treating office visit dated 01/15/2015 reported the patient now receiving both acupuncture and chiropractic treatment and it has been helping. She is still with subjective complaint of neck pain, rated a 7 in intensity and is exacerbated with the weather changes. She has associated complaint of paresthesias into her upper bilateral extremities and into her hand. She also has bilateral shoulder pains. In addition she complained of painful triggering of her right ring finger. She has continued performing regular duty at work. She is prescribed the following medications; Vicodin ES, Soma, Anaprox and Prilosec. The patient reports being unable to perform her work duties without Vicodin administration. Objective findings showed tenderness noted over the bilateral cervical paraspinal musculature, extending from the suboccipital down through the upper trapezius regions bilaterally. Muscle spasms and myofascial trigger points noted throughout these mentioned areas bilaterally. She is diagnosed with; status post anterior cervical discectomy/fusion; impingement syndrome, right shoulder; rotator cuff tendonitis, right shoulder; possible ulnar neuritis right upper extremity; status post right subacromial decompression with distal clavical resection; status post cervical fusion; impingement syndrome left shoulder; status post left shoulder arthroscopy, acromioplasty and debridement; right middle trigger finger, and release; and right ring trigger finger. The plan of care involved administration of injection to right ring finger. She was prescribed Vicodin ES 7.5MG # 100. A urine toxicology screening noted performed and re-evaluation in four weeks. A request for the following medications was made; Vicodin ES 7.5; Soma 350; Anaprox DS

and Prilosec. On 01/19/2015 Utilization Review non-certified the request, noting the CA MTUS Chronic Pain Medical Treatment Guidelines were cited. The injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5 mg # 100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient presents with neck pain radiating to the bilateral shoulder with pain into the forearms and numbness in the fingers. The current request is for VICODIN ES 7.5MG #100. For chronic opioid use, the MTUS Guidelines 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 page 78 also requires documentation of the 4As including analgesia, ADLs, adverse side effects, and adverse behavior. Pain assessment or outcome measures should also be provided and include current pain, average pain, least pain, intensity of pain with medication, time it takes for medication to work and duration of pain relief. The patient has been prescribed Vicodin since at least 3/4/14. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific or functional improvement, change in ADLs or change in work status to document significant functional improvement with utilizing Vicodin. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Urine drug screens are administer to monitor for compliance, but no discussion regarding possible adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. The requested Vicodin IS NOT medically necessary.

Soma 350 mg # 90, two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck pain radiating to the bilateral shoulder with pain into the forearms and numbness in the fingers. The current request is for SOMA 350MG #90 TWO REFILLS. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most

commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." MTUS Guidelines indicate that muscle relaxants such as Soma are appropriate for acute exacerbations of lower back pain and does not recommend its use for longer than 2 to 3 weeks. Given that this medication has been prescribed since at least 3/4/14, recommendation for further use cannot be supported. This request IS NOT medically necessary.

Anaprox DS 550 mg # 60, with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with neck pain radiating to the bilateral shoulder with pain into the forearms and numbness in the fingers. The current request is for ANAHPROX DS 550MG #60 WITH TWO REFILLS. Regarding NSAID's, MTUS Chronic Pain Medical Treatment Guidelines, page 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. This patient has been utilizing Anaprox since 10/9/14. Subsequent progress reports dated 11/12/14 and 12/11/14 recommends that the patient continue using Anaprox, but there is not discussions regarding this medications efficacy. MTUS page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding efficacy, the requested Anaprox IS NOT medically necessary.

Prilosec 20 mg # 30, two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular Page(s): 69.

Decision rationale: This patient presents with neck pain radiating to the bilateral shoulder with pain into the forearms and numbness in the fingers. The current request is for PROLOSEC 20MG #30, TWO REFILLS. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is 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. The patient has been taking NSAID on a long term basis, but the treating physician does not document dyspepsia or

GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This request IS NOT medically necessary.