

Case Number:	CM15-0021855		
Date Assigned:	02/11/2015	Date of Injury:	05/08/2011
Decision Date:	04/21/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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 45 year old female who sustained a work related injury to her head, bilateral shoulder, left elbow and bilateral wrists when she fainted and fell in the bathroom on May 8, 2011. The injured worker is status post cervical fusion in October 2012, lumbar discectomy in January 2013 and left cubital and carpal tunnel releases procedures. The injured worker was diagnosed with lumbar sprain/strain, left rotator cuff syndrome, left shoulder adhesive capsulitis and bilateral carpal tunnel syndrome. According to the primary treating physician's progress report on December 1, 2014 the patient continues to complain of severe pain in her neck, shoulders, elbow and bilateral wrists. Examination of the cervical spine noted full range of motion with tenderness to palpation at the right sternocleidomastoid, right upper trapezius, right scalenes and bilateral cervical paraspinals. Axial compression test was positive on the right. The right elbow was tender to palpation at the olecranon, medial and lateral epicondyle with a positive Tinel's. Bilateral tenderness was noted at the dorsal wrists. Current medications are listed as Gabapentin, Neurontin, Norco and Relafen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

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

Decision rationale: The patient presents with neck, back and bilateral elbows and bilateral wrist pain. The request is for Relafen 500 MG # 60. Physical examination to the lumbar spine on 02/04/15 revealed spasm in the bilateral sacroiliac region. Range of motion was decreased in all planes. Patient's treatments have included physical therapy and acupuncture without benefit. Per 01/15/15 progress report, patient's diagnosis include lumbar sprain or strain, rotator cuff syndrome, shoulder, carpal tunnel syndrome, wrist (median nerve), adhesive capsulitis, shoulder and chronic pain. Patient's medications, per 07/28/14 progress report include Neurontin, Relafen and Norco. Patient is temporarily totally disabled. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The treater does not discuss this medication. In this case, only one of the progress reports provided, dated 07/28/14, showed a prescription for Relafen. However, in review of the medical records provided, the treater does not document how this medication has been effective in management of pain and function. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Due to lack of documentation, the requested Relafen IS NOT medically necessary.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents with neck, back and bilateral elbows and bilateral wrist pain. The request is for NORCO 5/325 MG # 60. Physical examination to the lumbar spine on 02/04/15 revealed spasm in the bilateral sacroiliac region. Range of motion was decreased in all planes. Patient's treatments have included physical therapy and acupuncture without benefit. Per 01/15/15 progress report, patient's diagnosis include lumbar sprain or strain, rotator cuff syndrome, shoulder, carpal tunnel syndrome, wrist (median nerve), adhesive capsulitis, shoulder and chronic pain. Patient's medications, per 07/28/14 progress report include Neurontin, Relafen and Norco. Patient is temporarily totally disabled. 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 (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." The

treater does not discuss this medication. In this case, only one of the progress reports provided, dated 07/28/14, showed that the patient received a prescription for Norco. Treater has not stated how Norco decreases pain and significantly improves patient's activities of daily living. The 4A's are not appropriately addressed, as required by MTUS. There are no discussions regarding adverse side effects, aberrant behavior, specific ADL's, etc. No USD reports or opioid pain contract were provided either. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.