

Case Number:	CM15-0088131		
Date Assigned:	05/12/2015	Date of Injury:	12/29/2008
Decision Date:	06/30/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/07/2015

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 42-year-old female, who sustained an industrial injury on 12/29/2008. The current diagnoses are cervical radiculopathy, cervical facet syndrome, spasm of muscle, shoulder pain, and status post right shoulder arthroscopy (9/27/2009) and manipulation under anesthesia (4/26/2010). According to the progress report dated 4/20/2015, the injured worker complains of neck and bilateral shoulder pain. The pain is rated 7/10 with medications and 10/10 without. No new problems or side effects are noted. Quality of sleep is fair. Activity level has remained the same. The physical examination of the cervical spine reveals tenderness to palpation, hypertonicity, and spasm over the paraspinal muscles with trigger point noted, restricted range of motion, and decreased sensation in the C5-C6 dermatomes. The current medications are Flector patch, Prilosec, Senokot, Norco, and Neurontin. Urine toxicology screen on 9/30/2013 was inconsistent. Treatment to date has included medication management, MRI studies, shoulder injection, electrodiagnostic testing, TENS unit, cervical epidural steroid injections, and surgical intervention. The plan of care includes prescriptions for Norco, Neurontin, Prilosec, and Flector patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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: The 52-year-old patient complains of neck pain and bilateral shoulder pain, rated at 7/10 with medications and 10/10 without medications, as per progress report dated 04/20/15. The request is for NORCO 10/325mg # 120. The RFA for the case is dated 01/09/15, and the patient's date of injury is 12/29/08. Diagnoses, as per progress report dated 04/20/15, included cervical radiculopathy, cervical facet syndrome, cervical strain and right shoulder impingement. Medications included Flector patch, Prilosec, Senokot, Norco, Nuerontin, Doc-q-lace, and Prochlorperazine. The patient is status post right shoulder arthroscopic surgery on 09/27/09 and right shoulder manipulation under anesthesia on 04/26/10. The patient's work status has been documented as permanent and stationary, as per the same progress report. 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. In this case, a prescription for Norco is first noted in progress report dated 11/03/14, and the patient has been taking the medication at least since then. As per the most recent progress report dated 04/20/15, medications help reduce pain from 10/10 to 7/10. "The patient has improved capability for ADL including self care and household tasks with medications which is reflected in improved capability for daily functional activities," the treater states. There are no side effects and the patient is not exhibiting any adverse behavior that indicates addiction. The patient has also signed an opiate agreement. However, No UDS report was available for review. CURES report dated 09/30/13 was inconsistent. Additionally, the treater uses general statements to indicate improvement in function but does not provide specific examples. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued opioid use. Hence, this request IS NOT medically necessary.

Neurontin 300mg #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Gabapentin (Neurontin Page(s): 18-19, 60.

Decision rationale: The 52-year-old patient complains of neck pain and bilateral shoulder pain, rated at 7/10 with medications and 10/10 without medications, as per progress report dated 04/20/15. The request is for NEURONTIN 300mg #60 WITH 5 REFILLS. The RFA for the case is dated 01/09/15, and the patient's date of injury is 12/29/08. Diagnoses, as per progress report dated 04/20/15, included cervical radiculopathy, cervical facet syndrome, cervical strain and right shoulder impingement. Medications included Flector patch, Prilosec, Senokot, Norco, Nuerontin, Doc-q-lace, and Prochlorperazine. The patient is status post right shoulder arthroscopic surgery on 09/27/09 and right shoulder manipulation under anesthesia on 04/26/10. The patient's work status has been documented as permanent and stationary, as per the same

progress report. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." In this case, a prescription for Neurontin is first noted in progress report dated 11/03/14, and the patient has been taking the medication consistently at least since then. The patient does suffer from lumbar radiculopathy, a type of neuropathic condition for which Gabapentin is indicated. The treater, however, does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all chronic pain medications. Hence, the request IS NOT medically necessary.

Prilosec DR 20mg #60 with 5 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton Pump Inhibitors (PPIs).

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

Decision rationale: The 52-year-old patient complains of neck pain and bilateral shoulder pain, rated at 7/10 with medications and 10/10 without medications, as per progress report dated 04/20/15. The request is for PRILOSEC DR 20mg #60 WITH 5 REFILLS. The RFA for the case is dated 01/09/15, and the patient's date of injury is 12/29/08. Diagnoses, as per progress report dated 04/20/15, included cervical radiculopathy, cervical facet syndrome, cervical strain and right shoulder impingement. Medications included Flector patch, Prilosec, Senokot, Norco, Nuerontin, Doc-q-lace, and Prochlorperazine. The patient is status post right shoulder arthroscopic surgery on 09/27/09 and right shoulder manipulation under anesthesia on 04/26/10. The patient's work status has been documented as permanent and stationary, as per the same progress report. MTUS 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." In this case, a prescription for Prilosec is first noted in progress report dated 11/13/14, and the patient has been taking the medication consistently at least since then. In most recent report dated 04/20/15, the treater states that the patient experiences Gastritis with Norco use and "had to go to hospital before for gastritis." MTUS supports the use of Prilosec for medication-induced gastritis from oral NSAIDs. It is not known how Norco can result in gastritis. Nevertheless, the patient has gastritis type of symptoms for which the use of Prilosec is indicated. The request IS medically necessary.

Flector 1.3% patch #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Flector patch.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Flector patch.

Decision rationale: The 52-year-old patient complains of neck pain and bilateral shoulder pain, rated at 7/10 with medications and 10/10 without medications, as per progress report dated 04/20/15. The request is for FLECTOR 1.3% PATCH #30 WITH 5 REFILLS. The RFA for the case is dated 01/09/15, and the patient's date of injury is 12/29/08. Diagnoses, as per progress report dated 04/20/15, included cervical radiculopathy, cervical facet syndrome, cervical strain and right shoulder impingement. Medications included Flector patch, Prilosec, Senokot, Norco, Nuerontin, Doc-q-lace, and Prochlorperazine. The patient is status post right shoulder arthroscopic surgery on 09/27/09 and right shoulder manipulation under anesthesia on 04/26/10. The patient's work status has been documented as permanent and stationary, as per the same progress report. Regarding topical NSAIDs, MTUS Topical Analgesics, pg 111-113 states, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks)." ODG Guidelines, chapter Pain and Topic Flector patch state that "these medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. In addition, there is no data that substantiate Flector efficacy beyond two weeks." In this case, a prescription for Flector patch is first noted in progress report dated 12/29/14. In the most recent report dated 04/20/15, the treater states that Flector patch "reduces her pain by 70% and she is better able to do light chores around the house, such as laundry and cooking." The treater also states that the patient applies the patch on her shoulder and it helps her sleep better. However, both MTUS and ODG do not support long-term use of this topical patch. Hence, the request IS NOT medically necessary.