

Case Number:	CM14-0115969		
Date Assigned:	08/04/2014	Date of Injury:	10/16/1998
Decision Date:	12/17/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 62 year old male with an injury date of 10/16/98. Based on the 06/03/14 progress report, the patient complains of neck pain that radiates from neck down right arm and right shoulder pain. The pain level without medication is at 8 out 10. The current medications are Naprosyn, Soma, Vicodin, Benicar Hct, Crestor, and Norvase. The patient has slowed gait. The range of motion for cervical spine is restricted by pain with flexion limited to 35 degrees, extension for 30 degrees, right and left lateral bending for 15 degrees, lateral rotation to the left for 45 degrees, and lateral rotation to the right is to 40 degrees. Tenderness and tight muscles on the right side is noted on paravertebral muscle examination. Tenderness noted at the paracervical muscles, rhomboids and trapezius. The range of motion on lumbar spine is restricted with flexion limited to 55 degrees and extension limited to 15 degrees. On palpation, paravertebral muscles, spasm, tenderness and tight muscle band is noted to both sides. Lumbar facet loading is positive on the right side and FABER test is positive. Right shoulder movements are restricted with flexion limited to 100 degrees, extension limited to 20 degrees, abduction limited to 95 degrees, and internal rotation behind body limited to degrees and pain. Hawkins test and Yergason's test are positive on right shoulder. Tenderness is noted in the acromioclavicular joint, biceps groove and subdeltoid bursa on palpation. Left shoulder movements are restricted with flexion limited to 160 degrees, extension limited to 40 degrees, abduction limited to 150 degrees and active elevation limited to 150 degrees. On right elbow examination, the elbow joint reveals swelling and tenderness to palpation is noted over the lateral epicondyle. Tinel's sign is positive. For left ankle, examinations reveals swelling and tenderness. The diagnoses are:

1. Disc Disorder Cervical
2. Shoulder pain
3. Spasm muscle trigger point done 06/03/14
4. Thoracic Pain
5. Joint pain
- 6.

Low Back Pain 7. Lumbar Facet SyndromeThe patient had right shoulder subacromial decompression and rotator cuff repair November 2001 and April 2002. The treater noted the patient is able to work full-time with medications. The treating physician is request for Vicodin ES 7.5 - 300mg, #90 with 2 refills, Soma 350mg, #120 with 2 refills and Naprosyn 500mg, #60 with 2 refills. The utilization review determination being challenged is dated 06/23/14. The treating physician provided treatment reports from 02/11/14-06/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin ES 7.5-300mg #90 refill 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 88 and 89.

Decision rationale: This patient present with neck pain that radiates from neck down right arm and right shoulder pain. The request is for Vicodin ES 7.5 - 300mg, #90 with 2 refills. The record shows the patient has been taking the medication as early as 02/12/14. For chronic opiate use, MTUS Guidelines page 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every 6 months. Documentation of 4 A's (analgesia, ADLs, adverse side effects, adverse behaviors) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain, average pain, least pain, time it takes for medication to work, duration of pain relief with medications, et cetera. On 06/03/14 report, the treating physician noted, " patient is stable and has improved quality of life and increased capability for daily activities with medication regimen...with medication the patient can perform household tasks including cooking, cleaning, self-care for 30-45 minutes or greater at a time...without medications the patient cannot perform these tasks or is limited to 10 minutes or less" and as well as able to do full time work. The treating physician also noted "there are no signs of tolerance." In this case, there appears to be analgesia, significant ADL changes as the patient is working, with no tolerance problem with meds. However, the treater does not provide any discussion regarding aberrant behavior including Urine toxicology, CURES and other behavioral documentations. MTUS also require either a numerical scale or use of validated instrument to show functional improvement from use of opiate. Given the lack of adequate documentation therefore request is not medically necessary.

Soma 350mg #120 , refills 2: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29,63-66.

Decision rationale: This patient presents with neck pain that radiates from neck down right arm and right shoulder pain. The request is for Soma 350mg, #120 with 2 refills. The record shows the patient has been taking the medication as early as 02/12/14. MTUS page 29 states that this medication is not indicated for long term use. MTUS pages 63-66 state that this formulation is recommended for no longer than 2-3 weeks. The treater does not indicate that this medication is intended for short term use. MTUS guidelines only support short-term use of this medication therefore request is not medically necessary.

Naprosyn 500mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, supports it for chronic low back pain Page(s): 22,60.

Decision rationale: This patient presents with neck pain that radiates from neck down right arm and right shoulder pain. The request is for NAPROSYN 500mg, #60 with 2 refills. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. On progress report dated 06/03/14, the current regimen of medication optimizes the patient's function and activities of daily living." The treating physician also noted the patient's decreased pain by using requested NSAID included in the patient's list of medications and as well as able to work full time therefore request is medically necessary.