

Case Number:	CM14-0168043		
Date Assigned:	10/15/2014	Date of Injury:	10/28/2006
Decision Date:	11/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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 52-year-old female with a date of injury of 10/20/2008. The listed diagnoses per treater are: 1.Cervical spine sprain/strain.2.Left upper extremity radiculopathy.3.Status post left shoulder surgery with residual pain.4.MRI findings of disk protrusion, T4-T5, T7-T8.5.Generalized myofascial pain, rule out fibromyalgia.According to progress report 07/25/2014, the patient presents with left shoulder, arm, and neck pain that radiates down the arm and into the hands. The patient's pain level is 9- 10/10 when exacerbated by activities and reduced to 5-6/10 with medications. The patient is noted to be taking the medications as prescribed. Physical examination of the cervical spine revealed decreased range of motion at all levels. There is pain on palpation of the spinous process at C5 to C7 on the midline. Examination of the lower back revealed decreased range of motion on all levels with some mild tenderness on palpation. The patient was administered a urine drug screen to monitor compliance with pharmacological regimen. The patient is currently taking Norco 10/325 every 12 hours for severe pain, omeprazole 20 mg daily, Senokot 2 at night for constipation, and Lyrica 50 mg in the morning and 150 mg at night. The treater is requesting a refill of medications. Utilization review denied the request on 09/23/2014. Treatment reports from 04/17/2014 through 08/01/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, quantity unspecified,: 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): 88, 89, 78.

Decision rationale: This patient presents with left shoulder, arm, and neck pain. The treater is requesting a refill of Norco 10/325 mg. The utilization review "approved with modification Norco #60 without refills." The MTUS Guidelines pages 88 and 89 state, "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 4 A's (analgesia, [activities of daily living] 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. Review of the medical file indicates that the patient has been prescribed Norco since at least 5/23/2014. Progress report from 05/23/2014 and 07/25/2014 provide pain scales, which note a decrease in pain with current medication regimen. Report 05/23/2014 states "the pain is tolerable and helps her function as she is able to take care of herself and do her usual activities of daily living." No other specific statements, documentation or use of validated measures are provided to show significant improvement in ADL's, change in work status, quality of life as required by MTUS. The treater does note that the patient has no side effects to medication and urine drug screens are randomly performed to confirm compliance. In this case, while the treater provided documentation of analgesia, side effects, and aberrant behavior management, there is lack of sufficient documentation of functional improvement in terms of specific ADL's or work activities show that the medication has made a significant difference. The request is not medically necessary.

Omeprazole 20mg, quantity unspecified.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) GI symptoms & cardi.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68 AND 69.

Decision rationale: This patient presents with left shoulder, arm, and neck pain. The treater is requesting a refill of omeprazole 20 mg. 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 gastrointestinal (GI) bleeding or perforation, (3) Concurrent use of acetylsalicylic acid (ASA) or corticosteroid and/or anticoagulant, (4) High dose/multiple non-steroidal anti-inflammatory drug (NSAID). In this case, there is no indication that the patient is taking NSAID to consider the use of omeprazole. Furthermore, the treater provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. The request is not medically necessary.

Lyrica 50mg, quantity unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: This patient presents with left shoulder, arm, and neck pain. The treater is requesting a refill of Lyrica 50 mg to be taken in the mornings. Utilization review "approved with modification to a 1-month supply #30 to assist with the patient's neuropathic pain." The MTUS Guidelines pages 19-20 has the following regarding pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has been FDA approved for both indications, and it is considered first-line treatment for both." In this case, the treater states that the patient has a decrease in pain with current medications, which includes Lyrica. Given the medication's efficacy and patient's continued neuropathic pain, the request is medically necessary.

Lyrica 150mg, quantity unspecified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16, 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica) Page(s): 19-20.

Decision rationale: This patient presents with left shoulder, arm, and neck pain. The treater is requesting a refill of Lyrica 150 mg to be taken in the evenings. Utilization review "approved with modification to a 1-month supply #30 to assist with the patient's neuropathic pain." The MTUS Guidelines pages 19-20 has the following regarding pregabalin (Lyrica), "Pregabalin (Lyrica, no generic available) has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, and has been FDA approved for both indications, and it is considered first-line treatment for both." In this case, the treater states that the patient has a decrease in pain with current medications, which includes Lyrica. Given the medication's efficacy and patient's continued neuropathic pain, request is medically necessary.

Senokot-S, quantity unspecified: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-78.

Decision rationale: This patient presents with left shoulder, arm, and neck pain. The treater is requesting Senokot for patient's constipation secondary to opiate use. Utilization review

approved the medication with modification to a 1-month supply. The MTUS guidelines pages 76-78 discuss prophylactic medication for constipation when opiates are used. In this case, the patient has been utilizing opiates in long-term basis and has complaints of opioid-induced constipation. Given such, request is medically necessary.