

Case Number:	CM15-0118391		
Date Assigned:	06/26/2015	Date of Injury:	06/26/2013
Decision Date:	08/24/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/18/2015

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:

This 59 year old female sustained an industrial injury on 6/26/13. She subsequently reported right knee, neck and bilateral shoulder pain. Diagnoses include left shoulder adhesive capsulitis and impingement syndrome, closed humerus fracture. Treatments to date include x-ray testing, injections, physical therapy and prescription pain medications. The injured worker continues to experience neck, bilateral shoulders and right knee pain. Upon examination, there is tenderness in the right trapezius, cervical paraspinal muscles and right knee joint line. Shoulder range of motion is reduced. A request for Naproxen, Protonix, Norflex and Trazadone medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

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

Decision rationale: This patient presents with neck, bilateral shoulders and right knee pain. The current request is for Naproxen 550mg Qty 60. The RFA is dated 05/12/15. Treatments to date include injections, ORIF surgery for humerus fracture (07/12/13), physical therapy, TENS unit and prescription medications. The patient is retired. Regarding NSAIDs, MTUS for 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 nonselective non-steroidal anti-inflammatory drugs NSAIDs in chronic LBP and of antidepressants in chronic LBP." According to progress report 05/12/15, the patient complains of persistent right shoulder pain. She also has neck pain that shoots down the arms and significant instability and pain in the knee. The treater noted that "she takes medication to be functional." Medications reduce pain 30-40%. She is taking medications as prescribed. No side effects were noted. Medication regimen included Naproxen for inflammation, Protonix for upset stomach, Norflex for muscle spasms, trazodone for insomnia and Effexor for depression. The patient has been prescribed Naproxen since at least 06/26/14. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. This patient is able to perform ADL's and pain is reduced 30-40% with medications. MTUS supports NSAIDs as a first line treatment and given the documentation of efficacy, the request IS medically necessary.

Protonix 20mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

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

Decision rationale: This patient presents with neck, bilateral shoulders and right knee pain. The current request is for Protonix 20mg Qty 60. The RFA is dated 05/12/15. Treatments to date include x-ray testing, injections, ORIF surgery for humerus fracture (07/12/13), physical therapy, TENS unit and prescription medications. The patient is retired. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs - Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." The patient has been prescribed Protonix "for upset stomach" since at least 12/29/14. The patient is utilizing Protonix for gastrointestinal upset secondary to the long-term use of Naproxen. This medication is prescribed in accordance to MTUS guidelines. The request for Protonix IS medically necessary.

Norflex 100mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Muscle relaxants (for pain).

Decision rationale: This patient presents with neck, bilateral shoulders and right knee pain. The current request is for Norflex 100mg Qty 60. The RFA is dated 05/12/15. Treatments to date include x-ray testing, injections, ORIF surgery for humerus fracture (07/12/13), physical therapy, TENS unit and prescription pain medications. The patient is retired. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. .. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. For muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement." A short course of muscle relaxants may be warranted for patient's reduction of pain and muscle spasms. MTUS Guidelines do not recommend long-term use of sedating muscle relaxants and recommends using it for 3 to 4 days for acute spasm and no more than 2 to 3 weeks. The patient has been prescribed Flexeril since at least 02/02/15. Flexeril was denied by UR on 03/10/15 and the treater recommended Norflex ER 150mg #60 on 04/09/15. A refill was requested on 05/12/15. In this case, the patient has been taking this medication as early as 04/09/15, which exceeds MTUS Guidelines. Norflex is a sedating muscle relaxant, and long-term use is not supported by the guidelines. The treating physician has not indicated that this medication is to be used for short term to address a flare-up, new injury, or exacerbation. Therefore, the requested Norflex IS NOT medically necessary.

Trazadone 50mg Qty 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) mental illness and stress chapter has the following regarding Trazodone.

Decision rationale: This patient presents with neck, bilateral shoulders and right knee pain. The current request is for Trazadone 50mg Qty 60. The RFA is dated 05/12/15. Treatments to date include x-ray testing, injections, ORIF surgery for humerus fracture (07/12/13), physical therapy, TENS unit and prescription medications. The patient is retired. The ODG Guidelines under the mental illness and stress chapter has the following regarding Trazodone,

"recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. See also insomnia treatment, where it says that there is limited evidence to support its use for insomnia, but it may be an option in patients with coexisting depression." According to progress report 05/12/15, the patient complains of persistent right shoulder pain. She also has neck pain that shoots down the arms and significant instability and pain in the knee. The treater noted that "she takes medication to be functional." Medications reduce pain 30-40%. She is taking medications as prescribed. No side effects were noted. Medication regimen included Naproxen for inflammation, Protonix for upset stomach, Norflex for muscle spasms, trazodone for insomnia and Effexor for depression. The patient has been prescribed Trazodone as needed for sleep since at least 02/02/15. As noted in progress reports, the patient has been managing his sleep issues effectively with the use of Trazodone. With chronic pain, lack of sleep and function, the patient is quite depressed as well. Trazodone has been prescribed in accordance to ODG guidelines and has been beneficial in reducing the patient's sleep disturbances. This request IS medically necessary.