

Case Number:	CM15-0177407		
Date Assigned:	09/18/2015	Date of Injury:	02/12/1999
Decision Date:	11/10/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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: Preventive Medicine, Occupational Medicine

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 46 year old female, who sustained an industrial injury on 02-12-1999. The injured worker is noted as "unchanged" on all progress notes in regards to work status. Medical records indicated that the injured worker is undergoing treatment for chronic bilateral shoulder pain due to previous rotator cuff injuries and neuropathic pain syndrome, brachial plexopathy, status post previous 3 left shoulder surgeries with internal derangement of the left shoulder, upper extremity cubital tunnel syndrome and carpal tunnel syndrome, and implanted cervical spinal cord stimulator leads and left upper buttock IPG (implantable pulse generator) implant. Treatment and diagnostics to date has included shoulder surgeries, spinal cord stimulator, suprascapular nerve block, urine drug test noted as "consistent with Rx" on PR2 dated 07-16-2015, and use of medications. Current medications include Norco, Prilosec, Gabapentin, Soma, and Alprazolam, all prescribed at least since 04-24-2015. In a progress note dated 08-13-2015, the injured worker reported weight loss due to gastrointestinal problems. The physician noted that "our suprascapular nerve block afforded her several weeks of pain relief, for the first time in years". Pain was rated "between 4 to 5, up to 8 to 9 out of 10. Her pain is mainly in the left shoulder, but also arm areas" and stable when compared to progress notes dating back to 04-02-2015. Objective findings included "good range of motion" to the left shoulder with some tenderness and hypersensitivity involving the left upper extremity. The Utilization Review with a decision date of 09-03-2015 denied the request for L (left) suprascapular nerve block, Cyclobenzaprine 7.5mg #60, Norco 10/325mg #75, and Alprazolam 0.5mg #45 and approved a follow up (DOS: 09-16-2015), UDS (urine drug screen), Omeprazole, Neurontin, and re-evaluation at 90 day intervals.

IMR ISSUES, DECISIONS AND RATIONALES

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

L suprascapular nerve block: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Injection with anesthetics and/or steroids.

Decision rationale: According to the Official Disability Guidelines, an injection must be given with the intent of relieving pain, improving function, decreasing medications, and encouraging return to work. Repeat pain and other injections not otherwise specified in a particular section in ODG, should at a very minimum relieve pain to the extent of 50% for a sustained period, and clearly result in documented reduction in pain medications, improved function, and/or return to work. This patient reported significant pain relief for an extended period of time following her latest injection. I am reversing the previous utilization review decision. L suprascapular nerve block is medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking cyclobenzaprine for an extended period, long past the 2-3 weeks recommended by the MTUS. The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. Cyclobenzaprine 7.5mg #60 is not medically necessary.

Norco 10/325mg #75: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco 10/325mg #75 is not medically necessary.

Alprazolam 0.5mg #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: Xanax (Alprazolam) is a benzodiazepine medication used to treat anxiety and panic disorders. The MTUS states that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Alprazolam 0.5mg #45 is not medically necessary.