

Case Number:	CM15-0026818		
Date Assigned:	02/20/2015	Date of Injury:	06/05/2010
Decision Date:	04/03/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/12/2015

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: Family Practice

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 34 year old female, who sustained a work/ industrial injury on 6/5/10. She has reported symptoms of right shoulder pain down to the wrist. Review of systems notes sleep problems, stress and depression. Examination noted tenderness with decreased range of motion and weakness. Pain was listed as 6-7/10. Prior medical history was negative. The diagnoses have included right shoulder sprain/strain and biceps tendinitis; impingement syndrome. Treatments to date included medication, home exercises, and activity modification. Diagnostics included a Magnetic Resonance Imaging (MRI) that reported mild cuff tendinosis and possible low level adhesive capsulitis. Medications included Ibuprofen, Vicodin, muscle relaxant, activity modification, and physical therapy. A request was made for medication renewal. On 1/7/15, Utilization Review non-certified Norco 10/325mg #90; Flexeril 7.5mg #60; Protonix 20mg #60; Trazodone 50mg #60, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the MTUS guidelines, long term use of opioids is not recommended due to the development of dependence and tolerance. The MTUS guidelines also indicate that in order to continue opioids, there must be improvement in pain and function. In this case, the medical records do not establish that there has been improvement in pain and function despite ongoing opioid use. As such, the request for Norco is not supported. The request for Norco 10/325 mg #90 is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 53-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. The medical records indicate that the patient has been prescribed muscle relaxants for an extended period of time. Chronic use of muscle relaxants is not supported and as such the request for Flexeril 7.5mg #60 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation <http://www.mayoclinic.org/healthy-living/nutrition-and-healthy-eating/expert-blog/heartburn-and-b-12-deficiency/bgp-20091051>.

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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). In this case, the patient is noted to be only 34 years old. There is no indication of history of peptic ulcer, gastrointestinal bleeding or perforation. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. There is also an association with long-term use of proton pump inhibitors and vitamin B12 deficiency. Therefore, the request for Protonix 20mg #60 is not medically necessary.

Trazodone 50mg #60: 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) Mental Illness & Stress.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Mental Illness & Stress Chapter.

Decision rationale: According to the Official Disability Guidelines, Trazodone (Desyrel) is recommended as an option for insomnia, only for patients with potentially coexisting mild psychiatric symptoms such as depression or anxiety. In this case, the medical records note sleep difficulty and depression. The request for Trazodone 50mg #60 is medically necessary.