

Case Number:	CM15-0038254		
Date Assigned:	03/06/2015	Date of Injury:	07/29/2011
Decision Date:	04/20/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 62 year old female, who sustained an industrial injury, reported on 7/26/2011, versus 7/29/2011. She reported increased swelling and pain in the right shoulder and wrist. The diagnoses were noted to include right rotator cuff (capsule) tear; shoulder impingement; right wrist De Quervains; and myofascial pain. Treatments to date have included consultations; multiple diagnostic imaging studies; physical therapy; and medication management. The work status classification for this injured worker (IW) was noted to be totally temporarily disabled. On 2/3/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/20/2015, for Norco 10/325mg #90 (though weaning was recommended, and a 1 month supply was approved); Gabapentin 600mg #30 (weaning was recommended); and Flexeril 10mg #60 (weaning was recommended). The Medical Treatment Utilization Schedule, chronic pain medical management guidelines, opioids - Norco, weaning, Gabapentin, muscle relaxants for pain, was cited. The UR noted the attempt to contact the physician regarding the weaning of these medications, and that contact was not established.

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 Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: This patient has a date of injury of 07/29/11 and presents with right shoulder and wrist pain. The patient is status post right RCT/labral repair on 5/8/13. The Request for Authorization is dated 01/20/15. The current request is for NORCO 10/325MG #90. For chronic opiate use, the MTUS guidelines pages 88 and 89 states, "Pain should be assessed at each visit and function should be measured at 6-month intervals using a numerical scale or validated instrument." The MTUS page 78 also requires documentation of the 4 A's, which includes analgesia, ADLs, adverse side effects, and aberrant behavior. MTUS also requires 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. The patient's current medication include Norco, Gabapentin, Wellbutrin, Ambien, NSAID and Buspirone. The patient has been utilizing Norco since at least 10/31/14. The patient remains off work. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. There are no before and after pain scales provided to denote a decrease in pain with utilizing long-term opioid. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. The treating physician has failed to provide the minimum requirements as required by MTUS for opiate management. This request IS NOT medically necessary and recommendation is for slow weaning per MTUS.

Gabapentin 600mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: This patient has a date of injury of 07/29/11 and presents with right shoulder and wrist pain. The patient is status post right RCT/labral repair on 5/8/13. The Request for Authorization is dated 01/20/15. The current request is for GABAPENTIN 600MG #30. The MTUS Guidelines have the following regarding gabapentin on page 18 and 19, "gabapentin has shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia, and has been considered first line treatment for neuropathic pain." In this case, the patient does not meet the indication for the use of this medication, as he has no radicular symptoms. Furthermore, the patient has been prescribed Gabapentin since at least 10/31/14 with no documentation of efficacy. MTUS page 60 states "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The request is not in accordance with MTUS guidelines. Therefore, the request IS NOT medically necessary.

Flexeril 10mg #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 rationale: This patient has a date of injury of 07/29/11 and presents with right shoulder and wrist pain. The patient is status post right RCT/labral repair on 5/8/13. The Request for Authorization is dated 01/20/15. The current request is for FLEXERIL 10MG #60. The MTUS Guidelines page 63-66 states, "muscle relaxants, for pain: Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." The patient has been prescribed Flexeril since 10/15/14. On 01/20/15, the physician requested a refill of #60. MTUS Guidelines supports the use of cyclobenzaprine for short course of therapy, not longer than 2 to 3 weeks. This request IS NOT medically necessary.