

Case Number:	CM15-0076791		
Date Assigned:	04/28/2015	Date of Injury:	10/04/2012
Decision Date:	06/26/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/22/2015

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 54-year-old male who sustained a work related injury October 4, 2012. Past history included left shoulder arthroscopy. According to a follow-up physiatry pain evaluation report, dated February 19, 2015, finds the injured worker complaining of pain in shoulders, upper back, chest, and groin. The pain is rated 6/10 for this visit, 7/10 without medication, and 4/10 with medication. Examination of the groin reveals a well healed surgical scar from the right inguinal area with tenderness. There is radicular pain in the groin to the right testicle for inguinal neuropathy. Current medications include Relafen, Prilosec, Gabapentin, and Zanaflex. Impression included bilateral shoulder pain; s/p arthroscopic surgery, rotator cuff tear, left shoulder; and inguinal neuropathy. A request for authorization form, dated March 31, 2015, requests for Norco, Omeprazole, Relafen and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 take 1 tablet po bid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 76-78, 88-89.

Decision rationale: The patient presents on 02/19/15 with pain in the bilateral shoulders, upper back, chest, and groin. The pain is rated 4/10 with medications 7/10 without medications. The patient's date of injury is 10/04/12. Patient is status post right rotator cuff repair surgery on 10/07/13, left rotator cuff repair on 05/01/14. The request is for NORCO 5/325 #30 TAKE 1 TABLET PO BID. The RFA is dated 03/31/15. Physical examination of the left shoulder dated 02/19/15 reveals a well healed surgical scar, tenderness to palpation of the anterior and posterior aspects of the joint, and reduced range of motion on abduction and flexion. Groin examination reveals a well healed surgical scar in the right inguinal area, tenderness to palpation, and pain which radiates into the right testicle; consistent with inguinal neuropathy. The patient is currently prescribed Relafen, Prilosec, Gabapentin, and Zanaflex. Diagnostic imaging included CT scan of the abdomen and pelvis with contrast, significant findings include: "Mild fatty infiltration of the liver. Diverticulosis of the descending and sigmoid colon. " Per 02/19/15 progress note, patient is currently classified as permanent and stationary, though current work status is not discussed. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids Therapeutic Trial of Opioids, also requires documentation of the 4As analgesia, 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. In regard to the continuation of Norco for the management of this patient's intractable pain, the treating physician has not provided adequate evidence of medication efficacy. Progress report dated 02/19/15 notes that this patient's pain is decreased from 7/10 to 4/10 when taking Norco, however does not mention functional improvements attributed to medications. A urine drug screen dated 01/22/15 was provided, though the toxicology report was negative for all opiate medications. It is documented that this patient has had difficulty obtaining prescriptions due to insurance payment interruptions and progress note dated 02/11/15 notes that the patient stopped taking Norco on 01/08/15. MTUS guidelines require documentation of analgesia via a validated instrument, activity-specific functional improvements, consistent urine drug screens, and discussion of a lack of aberrant behavior. In this case, only documentation of analgesia is provided, which alone is insufficient to substantiate continued use of this medication. Given the lack of complete 4A's documentation, as required by MTUS, the request IS NOT medically necessary.

Omeprazole 20mg #60 take 1 po bid with 1 refill: Upheld

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

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

Decision rationale: The patient presents on 02/19/15 with pain in the bilateral shoulders, upper back, chest, and groin. The pain is rated 4/10 with medications 7/10 without medications. The patient's date of injury is 10/04/12. Patient is status post right rotator cuff repair surgery on 10/07/13, left rotator cuff repair on 05/01/14. The request is for OMEPRAZOLE 20MG #60 TAKE 1 PO BID X 1 REFILL. The RFA is dated 03/31/15. Physical examination of the left shoulder dated 02/19/15 reveals a well healed surgical scar, tenderness to palpation of the

anterior and posterior aspects of the joint, and reduced range of motion on abduction and flexion. Groin examination reveals a well healed surgical scar in the right inguinal area, tenderness to palpation, and pain which radiates into the right testicle; consistent with inguinal neuropathy. The patient is currently prescribed Relafen, Prilosec, Gabapentin, and Zanaflex. Diagnostic imaging included CT scan of the abdomen and pelvis with contrast, significant findings include: "Mild fatty infiltration of the liver. Diverticulosis of the descending and sigmoid colon. " Per 02/19/15 progress note, patient is currently classified as permanent and stationary, though current work status is not discussed. 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. "In regard to the request for prophylactic treatment with Omeprazole during oral NSAID therapy, the provider has not included GI assessment or complaints of GI upset to substantiate such a medication. This patient has been prescribed Omeprazole since at least 11/18/14, though there is no documentation of GI complaints at initiation or in the subsequent reports. While progress note dated 02/19/15 indicates this patient is currently prescribed an NSAID, Relafen, there is no discussion of gastric complaints secondary to this medication, or evidence of GI symptom relief owing to PPI utilization. Therefore, the request IS NOT medically necessary.

Relafen 750mg #60 take 1 po qd with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

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

Decision rationale: The patient presents on 02/19/15 with pain in the bilateral shoulders, upper back, chest, and groin. The pain is rated 4/10 with medications 7/10 without medications. The patient's date of injury is 10/04/12. Patient is status post right rotator cuff repair surgery on 10/07/13, left rotator cuff repair on 05/01/14. The request is for RELAFEN 750MG #60 TAKE 1 PO QD X 1 REFILL. The RFA is dated 03/31/15. Physical examination of the left shoulder dated 02/19/15 reveals a well healed surgical scar, tenderness to palpation of the anterior and posterior aspects of the joint, and reduced range of motion on abduction and flexion. Groin examination reveals a well healed surgical scar in the right inguinal area, tenderness to palpation, and pain which radiates into the right testicle; consistent with inguinal neuropathy. The patient is currently prescribed Relafen, Prilosec, Gabapentin, and Zanaflex. Diagnostic imaging included CT scan of the abdomen and pelvis with contrast, significant findings include: "Mild fatty infiltration of the liver. Diverticulosis of the descending and sigmoid colon. " Per 02/19/15 progress note, patient is currently classified as permanent and stationary, though current work status is not discussed. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications 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 non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg 60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the continuation of Ibuprofen for this

patient's chronic shoulder and groin pain, adequate documentation of pain reduction and functional improvement has been provided. Progress note dated 02/19/15 documents a reduction in pain from 7/10 to 4/10 attributed to medications, though does not specifically mention Relafen. Given the conservative nature of this medication and documented analgesia attributed to medications, continued use is substantiated. The request IS medically necessary.

Zanaflex 4mg #30 take 1 po qd with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain Medications for chronic pain Page(s): 63-66, 60.

Decision rationale: The patient presents on 02/19/15 with pain in the bilateral shoulders, upper back, chest, and groin. The pain is rated 4/10 with medications 7/10 without medications. The patient's date of injury is 10/04/12. Patient is status post right rotator cuff repair surgery on 10/07/13, left rotator cuff repair on 05/01/14. The request is for ZANAFLEX 4MG #30 TAKE 1 PO QD X 1 REFILL. The RFA is dated 03/31/15. Physical examination of the left shoulder dated 02/19/15 reveals a well healed surgical scar, tenderness to palpation of the anterior and posterior aspects of the joint, and reduced range of motion on abduction and flexion. Groin examination reveals a well healed surgical scar in the right inguinal area, tenderness to palpation, and pain which radiates into the right testicle; consistent with inguinal neuropathy. The patient is currently prescribed Relafen, Prilosec, Gabapentin, and Zanaflex. Diagnostic imaging included CT scan of the abdomen and pelvis with contrast, significant findings include: "Mild fatty infiltration of the liver. Diverticulosis of the descending and sigmoid colon. " Per 02/19/15 progress note, patient is currently classified as permanent and stationary, though current work status is not discussed. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66 states the following regarding Tizanidine: "Tizanidine is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study -conducted only in females demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain. " MTUS pg 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. " In regard to the continuation of Zanaflex, the request is appropriate. This patient has been taking this medication since at least 01/22/15. Addressing efficacy, progress note dated 02/19/15 notes a reduction in pain from 7/10 to 4/10 attributed to this patient's medications, though does not specifically address which medication relieves which symptoms, or provide specific functional improvements. The MTUS guidelines support the usage of Tizanidine for the treatment of myofascial pain. Given the patient's continued myofascial pain and documentation of medication efficacy, continuation of Zanaflex is substantiated. The request IS medically necessary.