

Case Number:	CM14-0043516		
Date Assigned:	07/02/2014	Date of Injury:	10/01/2009
Decision Date:	09/25/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/10/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is 50 year old male who reported an industrial injury on 10/1/2009, almost five (5) years ago, attributed to the performance of his customary job tasks. The patient was reported to get pain relief from the prescribed medications. The patient continued to complain of neck and back pain. The patient reported pain and numbness to the bilateral hands and elbows. The patient is not working. The objective findings on examination's included range of motion of the cervical spine restricted in all planes; diminished range of motion to the lumbar spine; multiple myofascial trigger points over the cervical and lower back spinal muscles; range of motion of the bilateral shoulders were documented as flexion 180 degrees; extension 50 degrees; abduction 180 degrees; adduction and 50 degrees; internal rotation 90 degrees; external rotation at 90 degrees; positive impingement test bilaterally; arthroscopy scars noted to the shoulder; surgical scar over the left elbow; palpable tenderness over the left and right elbow; 2 cm carpal tunnel release scar on the right; surgical scar over the scaphoid in the dorsum of the right hand; sensation to find touch and pinprick was decreased in the second and third digits of both hands. The diagnoses were chronic myofascial pain syndrome to the cervical and thoracolumbar spine; bilateral ulnar nerve entrapment and both elbows mild to moderate; status post bilateral carpal tunnel release to the right during 2002 and left during 2006; status post surgery to lateral elbow 2006; chronic strain injuries of bilateral shoulders, elbows, and wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter-opioids.

Decision rationale: The prescription for Hydrocodone-APAP 10/325 mg #240 for short acting pain is being prescribed as an opioid analgesic for the treatment of chronic pain to the neck, back, and UEs for the date of injury five (5) years ago. The objective findings on examination do not support the medical necessity for continued opioid analgesics. The patient is being prescribed opioids for reported chronic pain, which is inconsistent with the recommendations of the CA MTUS. There is no objective evidence provided to support the continued prescription of opioid analgesics for the cited diagnoses and effects of the industrial claim. The patient should be titrated down and off the prescribed Hydrocodone. The patient is five (5) years s/p DOI with reported continued issues. There is no demonstrated medical necessity for the continuation of opioids for the effects of the industrial injury. The chronic use of Hydrocodone-APAP is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the long-term treatment of chronic pain. The prescription of opiates on a continued long-term basis is inconsistent with the CA MTUS and the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain. The current prescription of opioid analgesics is inconsistent with evidence-based guidelines. The prescription of opiates on a continued long-term basis is inconsistent with the Official Disability Guidelines recommendations for the use of opiate medications for the treatment of chronic pain. There is objective evidence that supports the use of opioid analgesics in the treatment of this patient over the use of NSAIDs for the treatment of chronic pain issues. Evidence-based guidelines necessitate documentation that the patient has signed an appropriate pain contract, functional expectations have been agreed to by the clinician, and the patient, pain medications will be provided by one physician only, and the patient agrees to use only those medications recommended or agreed to by the clinician to support the medical necessity of treatment with opioids. The ACOEM Guidelines updated chapter on chronic pain states, "Opiates for the treatment of mechanical and compressive etiologies: rarely beneficial. Chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs (as suggested by the WHO step-wise algorithm). When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to (not substituted for) the less efficacious drugs. A major concern about the use of opioids for chronic pain is that most randomized controlled trials have been limited to a short-term period (70 days). This leads to a concern about confounding issues; such as, tolerance, opioid-induced hyperalgesia, long-range adverse effects, such as, hypogonadism and/or opioid abuse, and the influence of placebo as a variable for treatment effect." ACOEM guidelines state that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms; they should be used only if needed for severe pain and only for a short time. The long-term use of opioid medications may be considered in the treatment of chronic musculoskeletal pain, if: The patient

has signed an appropriate pain contract; Functional expectations have been agreed to by the clinician and the patient; Pain medications will be provided by one physician only; The patient agrees to use only those medications recommended or agreed to by the clinician. ACOEM also notes, "Pain medications are typically not useful in the subacute and chronic phases and have been shown to be the most important factor impeding recovery of function." There is no clinical documentation by with objective findings on examination to support the medical necessity of Hydrocodone-APAP for this long period of time or to support ongoing functional improvement. There is no provided evidence that the patient has received benefit or demonstrated functional improvement with the prescribed Hydrocodone-APAP. There is no demonstrated medical necessity for the prescribed Opioids. The continued prescription for Hydrocodone-APAP 10/325 mg #240 is not demonstrated to be medically necessary.

Naproxen 550mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain and NSAIDs.

Decision rationale: The use of Anaprox/Naproxen 550 mg is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. The provider has not documented evidence of functional improvement with the use of the prescribed Naproxen. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Naproxen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for naproxen 550 mg #180 is not demonstrated to be medically necessary prospectively.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines muscle relaxant Page(s): 128; 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter--medications for chronic pain; muscle relaxants; cyclobenzaprine.

Decision rationale: The prescription for Flexeril (cyclobenzaprine) 7.5 mg #120 is recommended for the short-term treatment of muscle spasms and not for the long-term treatment of chronic pain. The patient has been prescribed muscle relaxers on a long-term basis contrary to the recommendations of the CA MTUS. The patient is prescribed muscle relaxers on a routine

basis for chronic pain. The muscle relaxers are directed to the relief of muscle spasms. The chronic use of muscle relaxants is not recommended by the CA MTUS, the ACOEM Guidelines, or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly in a short course of therapy. There is no medical necessity demonstrated for the use of muscle relaxants for more than the initial short-term treatment of muscle spasms. There is a demonstrated medical necessity for the prescription of muscle relaxers on a routine basis for chronic neck, back, and knee pain. The cyclobenzaprine was used as an adjunct treatment for muscle and there is demonstrated medical necessity for the Cyclobenzaprine for the cited industrial injury. The continued prescription of a muscle relaxant was not consistent with the evidence-based guidelines. The California MTUS states that cyclobenzaprine is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Evidence-based guidelines state that this medication is not recommended to be used for longer than 2 to 3 weeks. There is no demonstrated medical necessity for the prescription of cyclobenzaprine 7.5 mg #120 for the effects of the industrial injury.

Fluoxetine 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific antidepressants Page(s): 15. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Antidepressants for chronic pain.

Decision rationale: The patient is being treated for anxiety and depression with Prozac (fluoxetine); however, there is no provided nexus with the industrial injury for the stated depression other than the issues of chronic pain. The prescription of Prozac as a first-line antidepressant is not demonstrated to be medically necessary. The patient is not been demonstrated to have returned to work with increased function. The use of fluoxetine is not demonstrated to be medically necessary for the treatment of depression and anxiety. There is no documented nexus to the cited mechanism of injury. There is no documentation that the use of the previously prescribed Prozac has led to functional improvement. There is no objective evidence to support the medical necessity of the prescribed antidepressants. There is no clinical documentation of efficacy or any functional improvement with the use of the prescribed antidepressants. The use of the antidepressant is consistent with the treatment of chronic pain; however, the patient has very few objective findings documented in the medical records to support ongoing pain issues related to chronic pain in relation to the diagnosed depressive disorder and anxiety disorder. It is not clear that the diagnosis is associated with the cited industrial injury or due to underlying comorbidity issues. The patient has no specific etiology of the perceived chronic pain issues related to depression. The depression is not clearly demonstrated to be the result of chronic pain or the ongoing treatment of chronic pain. The treatment appears to be directed to the treatment of the underlying psychiatric issues of the patient and not the effects of the industrial injury. There are no functional assessments of the stated depression and anxiety to demonstrate functional improvement with Prozac. The use of the

medication is not demonstrated to lead to functional improvement in the provided medical records. There is no documented functional improvement attributed to the prescription of Prozac (Fluoxetine). There is no demonstrated medical necessity for the continued prescription of fluoxetine 20 mg #60 for this patient.