

Case Number:	CM13-0027927		
Date Assigned:	11/22/2013	Date of Injury:	01/20/2003
Decision Date:	02/03/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Oklahoma and Texas. 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 physician 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:

The patient is a 49-year-old male who reported an injury on 01/20/2003. The patient is currently diagnosed with cervical disc herniation at C6-7, headaches, anxiety with stress, left cubital tunnel release, right lateral and medial epicondylitis, right carpal tunnel syndrome, status post anterior cervical discectomy and fusion at C6-7 in 2005, shoulder pain, and status post left shoulder arthroscopy. The patient was recently seen by [REDACTED] on 10/25/2013. Physical examination revealed mildly positive foraminal compression testing of the cervical spine, tingling to the upper extremities with numbness, positive Spurling's maneuver, muscle spasm, and suboccipital tenderness. Treatment recommendations included continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvements. Cyclobenzaprine is recommended for a short course of therapy and should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient had continuously utilized this medication. Despite the ongoing use, the patient continued to present with ongoing complaints of chronic neck pain. Physical examination revealed no significant changes to indicate a functional improvement following the use of this medication. Satisfactory response to treatment has not been indicated. As Guidelines do not recommend long-term use of this medication, the current request cannot be determined as medically appropriate. As such, the request for retrospective Cyclobenzaprine 7.5mg #60 for DOS 8/9/2013 is non-certified.

Gabapentin 600mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: The California MTUS Guidelines state anti-epilepsy drugs are recommended for neuropathic pain. Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first line treatment for neuropathic pain. As per the clinical notes submitted, the patient had continuously utilized this medication. Despite the ongoing use, the patient continued to report persistent ongoing pain to the neck and left upper extremity. Physical examination continued to reveal tenderness to palpation, spasm, and tightness in the paracervical musculature, reduced range of motion, and weakness. Satisfactory response to treatment had not been indicated. As such, the current request cannot be determined as medically appropriate. As such, the request for retrospective Gabapentin 600mg #120 for DOS 8/9/2013 is non-certified.

Hydrocodone/APAP 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient had continuously utilized this medication. Despite the ongoing use, the patient continued to report ongoing pain to the neck and left upper extremity. Satisfactory response to treatment was not indicated by a decrease in pain level, increase in functional level,

or improved quality of life. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request for retrospective Hydrocodone/APAP 10/325mg #60 for DOS 8/9/2013 is non-certified.

Omeprazole 20mg #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, the patient did not present with any complaints of dyspepsia or gastrointestinal events. The patient is not currently authorized to utilize any NSAID medications. The patient does not currently meet criteria for the use of a proton pump inhibitor. As such, the request for retrospective Omeprazole 20mg #100 for DOS 8/9/2013 is non-certified.

multivitamins #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Vitamin B, Vitamin D, Vitamin K.

Decision rationale: Guidelines describe specific vitamin deficiencies associated with specific medical conditions, and the treating physician has not described any vitamin deficiency or specific medical condition for which vitamin therapy is indicated. Multivitamins were not appropriate at the time of prescription. Therefore, the current request cannot be determined as medically appropriate. As such, the request for retrospective multivitamins #60 for DOS 8/9/2013 is non-certified.