

Case Number:	CM13-0038102		
Date Assigned:	12/18/2013	Date of Injury:	10/31/2012
Decision Date:	01/27/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	09/25/2013

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 Interventional Spine 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 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:

Patient is a 55 year old, male with a date of injury of 10/31/2012. Patient was injured when he was dragged into a trench by a block falling 10 feet deep. He had a collapsed lung, kidney laceration on the right and a fracture of ribs on the right side. Patient's current diagnoses are myofascial pain syndrome, cervical/lumbar sprain, and radiculopathy. According to the report dated 09/19/2013, [REDACTED] states that the patient continues to have pain in the neck and lumbar spine area accompanied by occasional numbness of the right leg. Physical examination showed positive right Spurling's and positive right Straight Leg Raise (SLR) with decrease in sensation over right foot and right hand. The request is for the refill of omeprazole 20mg #100, Neurontin 600mg #100, and new prescription for Flexeril 7.5 #90. These requests were denied by UR letter performed on 10/7/13. Omeprazole was modified to #45 as the follow up visits were every 6 weeks; Neurontin was denied as there was lack of 30% reduction of pain documentation; and Flexeril was denied as chronic use of this medication was not supported by MTUS. In response, [REDACTED] responded with an appeal on 9/18/13, stating the patient does have acute spasms for which Flexeril was indicated; patient noted anti-inflammatory medications in the past had given him good pain control, but noted having some problems with gastritis, with initial review of systems showing gastrointestinal reflux history; Neurontin should be continued as these are supported by the guidelines. [REDACTED] progress reports were reviewed from January 7, 2013 to October 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg 1 tab daily #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

Decision rationale: This patient currently suffers from chronic neck and low back myofascial pain with radicular symptoms. The request for omeprazole #100 has been modified by UR allowing once a daily dosing for #45. [REDACTED] has appealed that decision stating that the patient has history of gastric reflux as noted on his initial report from 12/12/12, under review of systems. He also provides the statement that the patient's pain is improved with NSAID, but that the patient has gastritis. I was able to review his hand-written progress reports from 1/17, 1/23, 2/20, 3/12, 4/9, 5/14, 6/27, 8/8 and 9/9/13. In reference to medication, he states "meds with benefit" on 4/9/13, "no liver problem and can take Neurontin" on 2/20/13, "taking meds" on 1/23, "using cream with benefit" on 1/17/13. I do not see that this patient struggles with gastritis from taking Naproxen. I cannot tell that Naproxen is doing anything for this patient as the treater does not discuss it for 9 months. MTUS requires on-going pain assessment and documentation of efficacy and function from the use of medication (MTUS, p.60, under medications for chronic use). In this case, the treater writes an appeal letter stating that the patient has gastritis, but this is not documented in his regular progress reports. While MTUS supports PPI prophylaxis for patients on NSAIDs with history of Peptic ulcer disease, age >65, documentation of concurrent ASA, anticoagulation medication, etc., the treater does not provide adequate assessment of the patient's medication use. Recommendation is for denial.

Neurontin 600mg #100 1 tab tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19.

Decision rationale: The medical records show that the patient has been taking Neurontin since 02/20/2013. MTUS guidelines recommend a trial period of three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. This request was denied by UR stating that 30% reduction of pain was not documented. Having reviewed 9 months of hand-written progress reports, I do not see that any documented efforts to determine the efficacy of Neurontin for this patient and in is mentioned. In regards to Neurontin, the treater has one statement on 2/20/13, "no liver problem and can take neurontin." MTUS page 60 under medication for chronic use requires on-going documentation of pain reduction and functional changes. MTUS guides for Neurontin in reference to 30% reduction seems to apply when combination medication is being used for neuropathy. Such is not the case for this patient.

However, the treater does not provide any documentation for efficacy of medication. Recommendation is for denial.

Flexeril 7.5mg 1 tab tid: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

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

Decision rationale: The treater recommends trial of Flexeril 7.5 mg #90, to be taken three times per day to help with patient's new complaint of spasms in the upper extremities. MTUS pg. 64 states that cyclobenzaprine (Flexeril[®], Amrix[®], Fexmid[®]) is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The treater has prescribed Flexeril at #90 per month or three times daily. The treater does not discuss how long this medication is to be used. MTUS recommends using 3-4 days for acute spasms and no more than 2-3 weeks. Recommendation is for denial.