

Case Number:	CM13-0038563		
Date Assigned:	12/18/2013	Date of Injury:	01/20/2003
Decision Date:	03/06/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/25/2013

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 Family Medicine and is licensed to practice in Arizona. 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 who sustained multiple injuries on 1/20/2003. Medical records show that the patient presents with ongoing neck pain, headaches, anxiety, right elbow and shoulder pain. Physical exam findings include; tightness and tenderness in paracervical area, positive spurlings on the left, limited range of motion and scapular area pain and radiation to left upper extremity. The patient has the following diagnoses; cervical disc herniation C6-7, headaches, anxiety, left cubital tunnel release, left lateral epicondylar release, right epicondylitis, right carpal tunnel syndrome, anterior cervical discectomy and fusion, shoulder pain, left shoulder arthroscopy. The patient's medications include cyclobenzaprine, Norco, omeprazole, Vitalee multivitamin, and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg, 60 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42, and 64.

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient has been using this medication longer than the 2-3 week recommended period, without any documented functional benefit. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit identified from this medication, the request for Cyclobenzaprine 7.5 mg, 60 count, is not medically necessary or appropriate.

Gabapentin 600 mg, 120 count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines recognize gabapentin as a first-line treatment for neuropathic pain. Recommended trial of gabapentin is 3-8 weeks for titration, then 1-2 weeks at maximum tolerated dosage. The patient had complaints of neurological symptoms of paraesthesias and pain to his left upper extremity. It is documented that the patient's symptoms were partially relieved with this medication. Due to patient having neurological symptoms and reported partial symptom resolution with gabapentin, the request for Gabapentin 600 mg, 120 count, is medically necessary and appropriate.

Vitalee Multivitamins, 120 count: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: CA MTUS guidelines does not offer recommendations on a multivitamin, but does identify possible use of specific vitamins for specific deficiencies or diagnoses, including CRPS and carpal tunnel syndrome. ODG also discusses specific vitamins for use in specific conditions, but does offer a general recommendation for a multivitamin. Documentation provided does not provide a specific indication for multivitamin use or any evidence of functional improvement. The request for Vitalee Multivitamins, 120 count, is not medically necessary or appropriate.

Omeprazole 20 mg, 100 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Risk Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient has an intermediate to high risk of adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA (acetylsalicylic acid), corticosteroids, anticoagulant use, or high dose NSAIDs. There is no documentation identified that would stratify this patient at an intermediate or high risk GI category, as well as no evidence of acute or ongoing gastric symptoms. Also, there is no documentation of NSAIDs use. The request for Omeprazole 20 mg, 100 count, is not medically necessary or appropriate.

Hydrocodone/APAP 10/325 mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that hydrocodone/apap is an opioid medication that is supported for moderate to severe pain. In general, opioids are not recommended as a first-line therapy but are recommended for short term use after evidenced failure of first-line medications such as acetaminophen or NSAIDs. Opioids should be discontinued if there is no documented improvement in function or resolution of pain. In chronic back pain opioids appear effective for short-term use but long term efficacy is unclear and appears limited. For chronic pain, opioids have been considered for neuropathic pain that has not responded to first-line medications, but there are no trials for long term use. Documentation for this patient indicates prior long term use of opioids without identification of pain relief or functional improvement. The request for Hydrocodone/APAP 10/325 mg, 60 count, is not medically necessary or appropriate.