

Case Number:	CM13-0048889		
Date Assigned:	12/27/2013	Date of Injury:	03/20/2002
Decision Date:	06/10/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/06/2013

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 Neurology, has a subspecialty in Neuromuscular 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:

The patient is a 53 year old woman who sustained a work-related injury on March 20, 2002. Subsequently, she developed chronic cervical pain. According to a note dated September 30, 2013, the patient was reported to have increased numbness and tingling in both hands. Physical examination demonstrated decreased sensation in both hands and grip weakness in the right. The patient was walking with a cane.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 FLEXERIL 10 MG, 1 EVERY 12 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxant, is recommended with caution as a second-line option for the short-term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Flexeril is not justified. As such, the request is not medically necessary.

90 TYLENOL #3, 1 EVERY 4-6 HOURS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, Tylenol # 3 is a synthetic opioid indicated for pain management, but is not recommended as a first-line oral analgesic. In addition, according to MTUS guidelines, ongoing use of opioids should follow specific rules, including that all prescriptions should come from a single practitioner and a single pharmacy, all prescriptions should be taken as direction, the lowest possible dose should be prescribed, ongoing review and documentation should take place (i.e. pain relief, functional status, appropriate medication use, and side effects). Pain assessment should include current pain, the least reported pain, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no clear evidence or objective documentation of ongoing pain. There is no need for any pain medications without documentation of recent ongoing pain. As such, the request is not medically necessary.

60 PRILOSEC 20MG, 1 TWICE A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, Prilosec is indicated when NSAIDs are used in patients with intermediate or high risk for gastrointestinal events. Risk factors include being over 65 years of age; having a history of peptic ulcers, GI bleeding, or perforation; concurrently using of ASA, corticosteroids, and/or an anticoagulant; or taking high dose/multiple NSAID (e.g., NSAID + low-dose ASA). There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. As such, the request is not medically necessary.