

Case Number:	CM13-0049283		
Date Assigned:	06/09/2014	Date of Injury:	08/27/2007
Decision Date:	08/04/2014	UR Denial Date:	10/13/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology has a subspecialty in Pain 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:

A 51 year old female injured worker with date of injury of 8/27/07 with related neck and low back pain as well as painful symptoms in her right elbow. Per a note dated 1/21/14 she was status post right carpal tunnel release without benefit and would like to avoid left carpal tunnel release surgery. She also had a lumbar fusion surgery at L5-S1 but continued to be symptomatic. An MRI of the lumbar spine dated 5/7/12 revealed narrowing at the L3-L4 level where there is a 4mm central disc bulge at approximately 5-6mm of right inferior foraminal disc bulge; degenerative disc changes present at L4-L5 and L5-S1; L5-S1 spondylolisthesis; bilateral foraminal stenosis at L5-S1. Treatment to date has included injections, acupuncture, chiropractic care, physical therapy, and medication management. The date of UR decision was 10/11/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 CYCLOBENZAPRINE-FLEXERIL 7.5 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-64.

Decision rationale: Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. 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 (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. Per a 8/30/13 progress note, the injured worker uses Flexeril for muscle spasms, it was reported to reduce the severity and intensity of muscle spasms, in turn improving her function. Per a 1/21/14 note, it was noted that the injured worker does not use it every day and uses it as needed at the time of flare ups. In light of this evidence, the request is medically necessary.

DOXEPIN 3.3 % GEL 60 GRM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental Illness & Stress, Antidepressants.

Decision rationale: Antidepressants have been found to be useful in treating depression, including depression in physically ill patients, as well as chronic headaches associated with depression. They are recommended, although not generally as a stand alone treatment. One meta-analysis of trials that tested antidepressants versus placebos determined that the differences between antidepressants and placebos were small, especially when active placebos were used, thereby making the patient believe that a true antidepressant was administered through active side effects. The lack of endorsement, implies a lack of recommendation, or a status equivalent to "not recommended". As the guidelines do not support the use of topical antidepressants, the request is not medically necessary.

60 PANTOPROZOLE-PROTONIX 20 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, 68.

Decision rationale: In the treatment of dyspepsia secondary to nonsteroidal anti-inflammatory drug (NSAID) therapy, the guidelines recommend stopping the NSAID, switching to a different NSAID, or considering the use of an H2-receptor antagonist or a proton-pump inhibitors (PPI). Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in conjunction with NSAIDs in situations in which the patient is at risk for gastrointestinal events including: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3)

concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.) It is noted in the documentation that the injured worker has a history of irregular bowel movements and gastritis. Per 1/21/14 note, she has used Relafen, naproxen, Etodolac, etc. in the past and reported GI complications with them. Currently she is using ibuprofen and other medications such as Norco which can cause GI upset, nausea and heartburn. It is noted that she had used Prilosec in the past but continued to have chronic gastritis. As such, The request is medically necessary.

90 HYDROCODONE BIT/APAP 5/500 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78,91.

Decision rationale: Per a 8/30/13 progress note it is reported that with the use of this medication the injured worker is able to function more normally. Her VAS pain scale reduces from about 7-8/10 to 5/10 and she is able to do activities of daily living more easily, including personal hygiene activities and she feels she will be able to work. The documentation submitted for review contains routine urine drug screen reports that were consistent with prescribed medications. The request is medically necessary.

120 GABAPENTIN TABLETS 600 MG: Overturned

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

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

Decision rationale: Gabapentin (Neurontin) 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. After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Per a 8/30/13 progress note it is reported that with the use of this medication the injured worker is able to function more normally. Her VAS pain scale reduces from about 7-8/10 to 5/10 and she is able to do activities of daily living more easily, including personal hygiene activities and she feels she will be able to work. The request is medically necessary.