

Case Number:	CM13-0058073		
Date Assigned:	02/03/2014	Date of Injury:	09/02/2011
Decision Date:	05/08/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/26/2013

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 Physical Medicine & Rehabilitation 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 56-year-old female who was injured on October 03, 2010. Prior treatment history has included Etodolac 400mg twice a day. The patient also had a course of acupuncture. The progress note dated June 27, 2013 states that the patient is not presently taking any medication. The patient had complaints of pain in the cervical spine aggravated by repetitive motions of the neck. Objective findings on exam revealed paravertebral muscle spasm. A positive axial loading compression test is noted. There is reproducible symptomatology in the median nerve distribution. Examination of the right shoulder reveals tenderness around the anterior Glenohumeral region and subacromial space. Progress note dated August 01, 2013 documented that the patient had complaints of persistent pain in the neck that radiates to the right upper extremity with numbness and tingling. There is weakness and she has right shoulder pain. She has continued symptomatology in the right wrist. Objective findings on examination of the cervical spine revealed tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is painful and restricted cervical range of motion. There is dysesthesia at the C5 and C6 dermatomes on the right. An MRI of the cervical spine from September 04, 2013 reveals scoliosis with mild disc and bony degenerative changes leading to mild impingement of the neural foramina bilaterally, extending from C4-5 through C6-7, most prominently on the left at C4-5 level. Progress note dated December 12, 2013 documents the patient with complaints of persistent neck pain that radiates to the upper extremities with numbness and tingling. She has right shoulder and arm pain. Objective findings of the cervicodorsal spine reveal tenderness at the cervicodorsal paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is dysesthesia at the C5 and C6 dermatomes on the right. Examination of the right shoulder reveals tenderness at the right

shoulder anteriorly and subacromial space. There is positive impingement and Hawkins sign. There is pain with terminal motion with limited range of motion and weakness. Examination of the right wrist is essentially unchanged. There is positive Tinel's sign and positive Phalen's sign. There is pain with terminal flexion.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66, 73.

Decision rationale: The California MTUS Guidelines, recommends Naproxen Sodium as an option for short-term symptomatic relief, after acetaminophen for low back pain (LBP). There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. There is no evidence of long-term effectiveness for pain or function. The patient has complaints of persistent neck pain that radiates to the upper extremities with numbness and tingling, she has right shoulder and arm pain. However, the medical records do not quantify the patient's pain level, and does not document whether pain relief and functional improvement had been obtained with use of naproxen. Consequently, the medical necessity of naproxen has not been established in accordance with the guidelines.

OMEPRAZOLE DR 20MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68-73.

Decision rationale: The medical records reviewed do not document any gastrointestinal complaints. The California MTUS guidelines state PPIs such as Omeprazole may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 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). However, none of the above listed criteria applies to this patient. The guidelines recommend GI protection for patients with specific risk factors; however, the medical records do not establish the patient is at risk for GI events. In accordance with the guidelines, Omeprazole DR 20mg, #120, is not medically necessary.

CYCLOBENZAPRINE HCL 7.5MG, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle Relaxants (For Pain) Page(s): 41,63.

Decision rationale: According to the California MTUS guidelines, cyclobenzaprine is recommended as an option as a short course of therapy only. Muscle relaxants should be considered as a second-line option. The medical records do not establish this patient had presented with any acute exacerbation. In addition, the medical records do not document any attempts with self-directed care such as would include heat/ice, range of motion/stretching exercises, and such. Furthermore, the guidelines do not support chronic use of muscle relaxants. In the absence of documented muscle spasm or acute exacerbation, the medical necessity for cyclobenzaprine has not been established.

TRAMADOL HYDROCHLORIDE ER 150MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Specific Drug List Page(s): 82-83; 93-94.

Decision rationale: According to the California MTUS guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic but a second-line treatment (alone or in combination with first-line drugs). The guidelines state that the continued use of opioid medication requires demonstration of improved quality of life, pain level and function. The patient has complaints of persistent neck pain that radiates to the upper extremities with numbness and tingling, she has right shoulder and arm pain. However, the medical records do not quantify the patient's pain level, and does not document whether pain relief and functional improvement had been obtained with use of Tramadol. In the absence of documented overall functional improvement, the request is not medically necessary according to the guidelines.

TEN (10) TEROGIN PATCHES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Terocin patches are a compound medication that contains lidocaine and menthol. According to the California MTUS guidelines, only Lidocaine in the formulation of Lidoderm patch may be considered for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or

Lyrica). The medical records do not establish neuropathic pain with failure of first line therapies. The guidelines state no other commercially approved topical formulations of lidocaine are indicated for neuropathic pain. Only FDA-approved products are currently recommended. Topical lidocaine is not recommended for non-neuropathic pain. The medical records do not establish this topical patch is appropriate and medically necessary for this patient. In accordance with the guidelines, the request of Terocin Patch is not medically necessary.