

Case Number:	CM13-0058085		
Date Assigned:	07/02/2014	Date of Injury:	07/23/2005
Decision Date:	09/08/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	11/25/2013

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 Occupational 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:

An exam from October 17, 2013 noted that the patient has chronic cervical pain and bilateral shoulder pain. Regarding the cervical spine she had spasm, pain and a decreased range of motion. There was facet tenderness. Radiculopathy was noted bilaterally. The right shoulder showed positive impingement. There was painful range of motion bilaterally with forward flexion and abduction. Exam of the left shoulder showed a healed surgical incision. Forward flexion was up to 150 and abduction was to 90 degrees. The diagnoses were cervical discogenic disease, chronic cervical spine sprain strain, bilateral shoulder impingement right greater than left status post left shoulder surgery, and right ulnar numbness. There was a visit from March 7, 2013. The chief complaint was chronic cervical spine pain and bilateral shoulder pain. They have tried cortisone injections, physical therapy and medicine. The MRI reportedly showed dorsal tearing of the supraspinatus. Several other notes from [REDACTED] were provided. There was a visit from June 13, 2013 again addressing medication management for her pain. There was another on July 25, 2013. There was a peer review report from November 20, 2013. An MRI of the right shoulder was deemed not to be medically necessary. It simply notes that she has chronic cervical spine pain and bilateral shoulder pain. Genocin was not supported. The reviewer was [REDACTED] who was an orthopedic surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

GENOCIN ONE TABLET PO TID #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Library of Medicine, Chloroquine Prescription Drug.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.medications.com/?c=drug&s=genocin>.

Decision rationale: The MTUS and the ODG are both silent in regards to Genocin. Other sources described it as a prototypical antimalarial agent with a mechanism that is not well understood. It has also been used to treat rheumatoid arthritis, systemic lupus erythematosus, and in the systemic therapy of amebic liver abscesses. However, its primary use is for anti-malaria. There is no evidence of malaria in this claimant. Further, even if used as a second line drug for rheumatoid arthritis, there is no documentation of rheumatoid arthritis in this claimant. As such, the request is not medically necessary and appropriate.

PRILOSEC 20MG ONE TABLET PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page 68 of 127 Page(s): Page 68 of 127.

Decision rationale: The MTUS Chronic Pain Guidelines speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroidal Anti-inflammatory Drugs (NSAIDs). It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. As such, the request is not medically necessary and appropriate.

ANAPROX DS ONE PO BID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 67 of 127 8 C.C.R. 9792.20 - 9792.26 Page(s): 6.

Decision rationale: The MTUS Chronic Pain Guidelines recommends non-steroidal anti-inflammatory drugs (NSAID) medication for osteoarthritis, at the lowest doses, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary; when over the counter NSAIDs would be

sufficient. In summary, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. As such, the request is not medically necessary and appropriate.

FLEXERIL ONE PO TID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: The MTUS recommends Flexeril (Cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS Chronic Pain Guidelines.

LUNESTA 3MG QHS #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Comp, 9th edition (web): Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Lunesta.

Decision rationale: Regarding Eszopicolone (Lunesta), the MTUS is silent. The ODG simply notes it is not recommended for long-term use, but recommended for short-term use. In this case, the use appears to be chronic, with little mention of benefit out of the sleep aid. There is insufficient evidence to support the usage in this claimant's case. As such, the request is not medically necessary and appropriate.

ATIVAN 1MG BID #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, under Benzodiazepines.

Decision rationale: The ODG notes that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. The use in this claimant has been long term, which is not supported. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. It is not clear if antidepressants have been exhausted for any anxiety component to the claimant's condition. Moreover, the guides note that adults who use hypnotics, including benzodiazepines such as temazepam, have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. It is not clear if these dire risks have been communicated to the claimant. As such, the request is not medically necessary and appropriate.

BUTRANS PATCH 20 MCG #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 27 of 127 Page(s): 27 of 127.

Decision rationale: The MTUS notes this medicine is recommended for treatment of opiate addiction. It is also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction. In this case, there is no information of opiate addiction, or it is being used post detoxification. The request does not meet MTUS criteria for the use of this special opiate medication. As such, the request is not medically necessary and appropriate.