

Case Number:	CM13-0061410		
Date Assigned:	12/30/2013	Date of Injury:	07/16/2001
Decision Date:	05/12/2014	UR Denial Date:	11/28/2013
Priority:	Standard	Application Received:	12/02/2013

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 Internal Medicine, Pulmonary Diseases 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 injured worker is a 67-year-old male who reported an injury on 07/16/2001. The mechanism of injury was not provided. The injured worker's medication history included muscle relaxants, Protonix, NSAIDs, and antidepressants as of 2010. The documentation of 11/22/2013 revealed the injured worker had daily pain in the neck and bilateral arms of a 6/10 to 7/10. It was indicated the injured worker's Flexeril managed the spasms. The injured worker was having sleep issues and was utilizing Remeron for insomnia. Diagnoses included degenerative disc disease of the cervical spine with a radicular component down his lower extremity and upper extremity weakness, tingling, and numbness. The treatment plan was a prospective refill of medications. It was indicated, the naproxen was for anti-inflammation, Flexeril for muscle spasms, Protonix to treat stomach upset from taking medications, and Remeron for insomnia.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 REMERON 15 MG: 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)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS guidelines recommend antidepressants as a first line medication for treatment of neuropathic pain and they are recommended especially if pain is accompanied by insomnia, anxiety, or depression. There should be documentation of an objective decrease in pain and objective functional improvement. It was indicated the injured worker was using Remeron for insomnia and the injured worker did not have current depression. The clinical documentation submitted for review indicated the injured worker had been taking the medication since 2010. There was a lack of documentation of objective functional improvement with the medication to support the efficacy and the necessity for continued use. Additionally, the medication is indicated for the treatment of depression and insomnia. The injured worker was not complaining of depression. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for 60 REMERON 15 MG is not medically necessary.

60 NAPROXEN 500 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 67.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2010. There is a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for 60 NAPROXEN 500 MG is not medically necessary.

60 PROTONIX 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 69.

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication since 2010. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Additionally, as the NSAID was found to be medically unnecessary, the request for Protonix would not be medically necessary. Given the above, the request for 60 PROTONIX 20 MG is not medically necessary.

FLEXERIL 5 MG: Upheld

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

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

Decision rationale: The Expert Reviewer's decision rationale: California MTUS Guidelines recommend muscle relaxants as a second line for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provided evidence that the injured worker had been on the medication since 2010. There was a lack of documentation of objective functional improvement. The documentation indicated the medication helped the injured worker. However, as the injured worker had been on the medication for greater than 3 years, the request would not be supported. The request as submitted failed to indicate the frequency and the quantity of medication being requested. Given the above, the request for FLEXERIL 5 MG is not medically necessary.