

Case Number:	CM13-0071407		
Date Assigned:	01/10/2014	Date of Injury:	04/10/2012
Decision Date:	04/22/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/27/2013

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 Family Practice and, has a subspecialty in Pain Management 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:

This patient is a 52 yr. old female claimant sustained a work injury on 4/10/12 resulting in chronic shoulder, low back and cervical pain. AN MRI of the C-spine on 4/19/12 showed disc bulging at C5-C6 and neuroforaminal narrowing at C5-C6. An MRI of the shoulder on 7/2/12 showed AC joint degenerative changes. An MRI of the on 11/1/12 indicated foraminal stenosis of L2-L3. She has undergone chiropractor and aqua therapy for improving functionality. For several months the claimant had taken topical analgesics, Vicodin for pain, Flexeril for muscle relaxant and Alprazolam for difficulty sleeping secondary to pain. She has been on Flexeril over a year, Alprazolam for over 8 months. A progress note on 9/9/13 indicated continued left shoulder pain and neck aches causing headaches. Vicodin was added to the Flexeril and the claimant was to continue on Alprazolam. On 11/25/13, continued to have worsening pain in the shoulder and neck. The Vicodin, Flexeril and Alprazolam were refilled. Prilosec was given for GI distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 7.5/300MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Vicodin is a short acting opioid used for breakthrough pain. According to the MTUS guidelines are not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant has been on Vicodin for a few months with worsening in pain scale. The continued use of Vicodin is not medically necessary.

FLEXERIL 5MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

Decision rationale: According to the MTUS guidelines: Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the claimant had been on Flexeril for over a year without improvement in functionality or pain. The continued use of Flexeril is not medically necessary.

PRILOSEC 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drugs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. There is no current NSAID use. Therefore, the continued use of Prilosec is not medically necessary.