

Case Number:	CM13-0072406		
Date Assigned:	01/08/2014	Date of Injury:	07/16/2008
Decision Date:	04/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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 physician 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 51 year old man with a date of injury of 7/16/08. He had EMG/NCV on 9/16/13 showing bilateral median nerve neuropathy, but no evidence of cervical radiculopathy, brachial plexopathy or peripheral polyneuropathy. He was seen by his primary treating physician on 10/29/13 with complaints of bilateral hand paresthesias and intercostal pain which caused an emergency room visit to rule out myocardial infarction. He was said to be benefiting from the medications which included Cyclobenzaprine, Gabapentin, and Vimovo. His physical exam was significant for Spurling's maneuver not producing upper extremity paresthesias. He had mild paraspinous spasm in the cervical and thoracic region and shoulder range of motion was normal. He was tender to palpation along the site of the 9th and 10th rib fractures. He had preserved grip strength bilaterally and negative Tinel's and Phalen's signs. His left knee had mild patellar crepitus and ranged 0-120 degrees. His diagnoses included degeneration of the intervertebral disc site (unspecified), other derangement of knee, osteoarthritis (unspecified), whether general or localized, and mononeuritis of unspecified site.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Vimovo 500mg-20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-73.

Decision rationale: Vimovo is a combination of naproxen and Omeprazole. This injured worker has chronic pain and long-term use of several medications including muscle relaxants, naproxen, and Gabapentin. Per the Chronic Pain Medical Treatment Guidelines for the treatment of long-term neuropathic pain, there is inconsistent evidence to support the efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status to justify long-term use of a NSAID versus other medications, such as Gabapentin, which was approved. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with an age over 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. The records do not support that he is at high risk of gastrointestinal events to justify medical necessity of Omeprazole. As such, the request is noncertified.

60 Cyclobenzaprine 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2006. His medical course has included numerous treatment modalities, including long-term use of several medications, including Gabapentin, NSAIDs and muscle relaxants. Per the Chronic Pain Medical Treatment Guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The doctor's visit of October 2013 fails to document any significant improvement in pain, functional status, or side effects to justify long-term use of this medication, and there is only minimal spasm noted on exam. The medical necessity for Cyclobenzaprine is not supported in the records. As such, the request is noncertified.