

Case Number:	CM14-0000677		
Date Assigned:	01/17/2014	Date of Injury:	01/21/2012
Decision Date:	06/06/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	01/02/2014

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:

The applicant is a [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of January 21, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; electrodiagnostic testing of October 25, 2012, notable for mild bilateral carpal tunnel syndrome; right shoulder MRI imaging of August 13, 2012, notable for AC joint arthritis and subacromial/subdeltoid bursitis; and muscle relaxants. A progress note dated October 23, 2013 was notable for comments that the applicant reported persistent neck pain and upper extremity paresthesias, reportedly severe. The applicant is asked to consider a surgical intervention. The applicant's work status and medication list were not provided. Another note dated October 23, 2013 with the applicant's pain management physician was notable for comments that the applicant reported 9/10 pain. The applicant was described as using Norco and Fexmid. The applicant received recent trigger point injections, it was stated. The applicant stated that the combination of medications was effective. The applicant was apparently using Naprosyn, Norco, Prilosec, and a topical compounded drug. A diskogram was endorsed in preparation for potential surgery. The applicant's work status was again not provided. An October 9, 2013 chiropractic primary treating physician note was notable for comments that the applicant was off of work, on total temporary disability, with ongoing complaints of neck pain, shoulder pain, elbow pain, wrist pain, stress, anxiety, and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG TABLET #60 X 2: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not medically necessary.

HYDROCODONE/APAP 10/325MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NORCO Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: Hydrocodone-acetaminophen or Norco is an opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, however, these criteria have not been met. The applicant is off of work, on total temporary disability. The applicant's pain complaints are heightened as opposed to reduced. The fact that the applicant is actively considering a surgical remedy implies that the earlier medication usage was unsuccessful. There is no clear evidence of diminished pain scores or lasting pain relief achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

SUMATRIPTAN 50MG TABLET X 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG PAIN, (UPDATED 11/14/13), TRIPTANS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR, Imitrex Medication Guide.

Decision rationale: While the Physician's Desk Reference (PDR) does note that Imitrex or sumatriptan is indicated in the treatment of acute attacks of migraine headaches, in this case, however, the documentation on file does not establish the presence of any acute attacks of migraine headaches. Several progress notes, referenced above, suggest that the applicant is having issues with chronic neck pain, chronic low back pain, and chronic shoulder pain. There is

no mention of migraine headaches for which ongoing usage of sumatriptan (Imitrex) would be indicated. Therefore, the request is not medically necessary.

PANTROPRAZOLE DR 20MG TABLET #90 X 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors to combat NSAID-induced dyspepsia, in this case, however, there is no mention of any symptoms of reflux, heartburn, and/or dyspepsia appreciated on several progress notes, referenced above. It is further noted that the applicant was, at one point, described as using another proton pump inhibitor, Prilosec. It is not clear why two separate proton pump inhibitors, Protonix and Prilosec, are indicated or needed here. Therefore, the request for pantoprazole (Protonix) is likewise not medically necessary.