

Case Number:	CM14-0000806		
Date Assigned:	01/17/2014	Date of Injury:	06/01/2010
Decision Date:	06/06/2014	UR Denial Date:	12/23/2013
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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional 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:

This patient is a 60-year-old female with a date of injury of 06/01/2010. The listed diagnoses per [REDACTED] are myofascial pain syndrome, cervical sprain and carpal tunnel syndrome. According to the 10/21/2013 progress report by [REDACTED], the patient has finished 1 round of chiropractic therapy with benefit and would like more. She has continual pain in the cervical spine and hands with associated numbness. She is currently not working and taking her medications with benefits. She is having some acute spasms at her trapezius muscles bilaterally. Examination findings revealed decreased range of motion in the neck in all planes, normal strength, positive spasm of trapezius, and normal reflexes. The patient was administered four trigger point injections to the trapezius bilaterally. Review of the 12/16/2013 progress report notes, the patient has finished second round of chiropractic therapy with benefit. She continues to have pain in the C-spine with some numbness of bilateral hands. The patient's medication regimen includes naproxen 550 mg, Omeprazole 20 mg, nortriptyline, Neurontin 600 mg, and Flexeril 7.5 mg. The treating physician is requesting 8 additional chiropractic treatments and refill of Omeprazole, Neurontin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 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, GI Symptoms & Cardiovascular Risk Section, Page(s): 69.

Decision rationale: The MTUS Guidelines page 68 and 69 state, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors." MTUS recommends determining risk for GI events before prescribing prophylactic PPI or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. This patient has been prescribed Prilosec concurrently with Naproxen since 02/25/2013. Review of reports from 02/25/2013 to 12/16/2013 does not provide any discussion of gastric irritation, peptic ulcer history, or concurrent use of ASA, etc. Routine prophylactic use of PPI without documentation of gastric side effects is not supported by the guidelines without GI-risk assessment. The request is not medically necessary or appropriate.

NEURONTIN 60 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Section, Page(s): 18-19.

Decision rationale: The MTUS Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." This patient suffers from neck pain but also carpal tunnel syndrome with numbness and tingling for which use of Neurontin is indicated. However, the review of reports do not show any mention of whether or not the patient is actually using this medication and with what efficacy. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. Given the lack of any documentation regarding the efficacy of Neurontin prescribed, the request is not medically necessary or appropriate.

FLEXERIL 7.5 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 Muscle Relaxant Section, Page(s): 64.

Decision rationale: The MTUS guidelines, page 64, states "Cyclobenzaprine is recommended for short course of therapy. Limited mixed evidence does not allow for recommendation for chronic use." This patient was first prescribed Flexeril on 10/21/2013. In this case, a short course

of Cyclobenzaprine may be indicated for patient's muscle spasms. But the treating physician is requesting this medication for long term use. The requested Cyclobenzaprine #60 is not medically necessary.

CHIROPRACTIC TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Section, Page(s): 58-59.

Decision rationale: This patient presents with chronic neck pain. The treating physician is requesting additional 8 chiropractic treatments. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. Medical records indicate the patient two "rounds" of chiropractic treatment. Given the lack of documented functional improvement from prior chiropractic treatments, the request is not medically necessary or appropriate.