MAXIMUS Federal Services

Case Number:	CM14-0006491		
Date Assigned:	01/24/2014	Date of Injury:	12/01/2004
Decision Date:	08/05/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/16/2014

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 Family Practice 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 is a 53 year old female claimant who sustained a work injury on 6/5/07 involving the left elbow and right upper extremity. She has a diagnosis of right shoulder adhesive capsulitis, right lateral epicondylitis, bilateral carpal tunnel syndrome, foraminal narrowing of the C5-C6 vertebrae. Her symptoms of pain and spasms were managed with Norflex, Neurontin, and NSAIDs (such as Relafen and Naproxen) since at least April 2013. In addition she had been on Prilosec for heartburn. A progress note on 12/19/13 indicated she had 6-8/10 pain with symptoms of tingling on the left upper extremity with worsening while bending the neck. Objective findings included a positive Spurling's test, paravertebral spasms and diminished sensation in the left arm. The treating physician continued her Neurontin for the tingling symptoms as well as Naproxen 500 mg BID, Prilosec 20 mg QD, and Norflex 100 mg at night.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NORFLEX 100MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines X Muscle Relaxant and pg.

Decision rationale: Norflex is a muscle relaxant. According to the MTUS Chronic Pain Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. In this case, the claimant had been on NSAIDs along with Norflex with for over 6 months without significant improvement in pain or function. The continued use of Norflex is not medically necessary.

ONE PRESCRIPTION NAPROXEN 550MG: Upheld

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

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

Decision rationale: According to the MTUS Guidelines, NSAIDs such as Naproxen are recommended as an option for short-term symptomatic relief for chronic back pain. They are recommended as a second-line treatment after acetaminophen for acute exacerbation of chronic back pain. In this case, the claimant had been on NSAIDs along with muscle relaxants for several months without significant in pain or function. The continued use of Naproxen is therefore not medically necessary.

ONE PRESCRIPTION OF NEURONTIN 600MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x , Gabapentin and pg 18 Page(s): 18.

Decision rationale: According to the MTUS Chronic Pain Guidelines, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain...Recommended Trial Period: One recommendation for an adequate trial with gabapentin is three to eight weeks for titration, then one to two weeks at maximum tolerated dosage. (Dworkin, 2003) The patient should be asked at each visit as to whether there has been a change in pain or function. Current consensus based treatment algorithms for diabetic neuropathy suggest that if inadequate control of pain is found, a switch to another first-line drug is recommended. Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." In this case, the claimant does not have the stated conditions approved for Gabapentin use. Furthermore, the treatment duration was longer than recommended. As such, the request is not medically necessary and appropriate.

ONE PRESCRIPTION OF PRILOSEC 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and PPI pg 68-69 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. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.