

Case Number:	CM14-0102276		
Date Assigned:	07/30/2014	Date of Injury:	02/04/2012
Decision Date:	09/09/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/02/2014

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 & Rehabilitation, and is licensed to practice in Texas and Ohio. 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 injured worker is a 59-year-old female who reported an injury 02/04/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 06/09/2014 indicated diagnoses of right carpal tunnel syndrome, right knee pain, depression, hypertension, obesity, and status post right surgery. The injured worker reported neck pain, low back pain and upper extremity pain in the right wrist, along with ongoing headaches. The injured worker reported neck pain that radiated down bilateral upper extremities. The injured worker reported frequent and severe muscle spasms in the neck area, aggravated by activity and walking. The injured worker reported low back pain that radiated down the bilateral lower extremities with frequent and severe muscle spasms of the lower back. The injured worker rated her pain 9/10 with medications and 9/10 without medications. The injured worker reported activities of daily living limitations in the following areas such as activity, ambulation, hand function and sleep. On physical examination of the cervical spine there were spasms noted at the C5 through C7. Spinal vertebral tenderness was noted in the cervical spine C4 through C7 and the range of motion of the cervical spine was moderately limited due to pain. The lumbar examination revealed spasms noted at L4 through S1 with tenderness upon palpation of the spinal vertebral area L4-5 level. The range of motion of the lumbar spine was moderately limited secondary to pain. The injured worker's range of motion of the bilateral shoulder revealed abduction of 130 degrees. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Motrin, Norco, omeprazole, Flexeril and Senokot. The provider submitted a request for the above medications. A Request for Authorization was provided for the above medications. However, a rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Motrin 800 mg, QTY: 60, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Motrin 800 mg, Quantity: 60, with 1 refill is non-certified. The CA MTUS guidelines recognize ibuprofen as a non-steroidal anti-inflammatory drug. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has a diagnosis of hypertension. In addition, there the injured worker rates her pain at 9/10. There is no indication that the use of Motrin has resulted in diminished pain levels or functional improvement. Moreover, it is not indicated how long the injured worker has been utilizing this medication. Per the guidelines, long term use may not be warranted. Additionally, the request does not indicate a frequency for this medication. Therefore, the request for Motrin is not medically necessary.

Norco 10/325 mg QTY: 90, with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, page 91, and Opioids, criteria for use, page 78 Page(s): 91; 78.

Decision rationale: The request for Norco 10/325 mg Quantity: 90, with 1 refill is non-certified. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker rated her pain 9/10. There is no indication that the use of Norco has resulted in diminished pain levels or functional improvement. In addition, there is lack of significant evidence of an objective assessment of the injured worker's functional status, and evaluation of risk for aberrant drug behavior and side effects. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request for Norco is not medically necessary.

Omeprazole DR 20 mg, QTY: 30, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI Symptoms & Cardiovascular Risk.

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

Decision rationale: The request for Omeprazole DR 20 mg, QTY: 30, with 1 refill is non-certified. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, the documentation submitted did not indicate the injured worker had findings that would support she was at risk for gastrointestinal bleeding, perforations, or peptic ulcers. Moreover, the request does not indicate a frequency for this medication. Therefore, the request for Omeprazole is not medically necessary.

Flexeril 10 mg, QTY: 60, with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The request for Flexeril 10 mg, Quantity: 60, with 1 refill is non-certified. The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. The documentation submitted did not indicate how long the injured worker had been utilizing this medication. In addition, the injured worker reports her pain rated as a 9/10. There is no indication that the use of Flexeril has resulted in diminished pain levels or functional improvement. Moreover, the injured worker has been utilizing Flexeril since at least 09/30/2013. This exceeds the guidelines' recommendation on short-term use. Furthermore, the request does not indicate a frequency for this medication. Therefore, the request for Flexeril is not medically necessary.