

Case Number:	CM14-0104033		
Date Assigned:	07/30/2014	Date of Injury:	04/08/1999
Decision Date:	10/22/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/07/2014

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 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:

52 year old female had a flare-up of her neck spasms and pain with radiation to her upper extremity on 5/29/2014. At that time patient also complained of mid and lower back pain with spasms radiating down her lower extremities. Physical exam showed spasm, tenderness and guarding in the paravertebral musculature of the cervical, thoracic and lumbar spine with decreased range of motion. Injured worker has decreased sensation of the C6 and L5 dermatomes. Also noted is decreased range of motion with flexion, extension of the neck. A diagnosis was made of cervical radiculopathy, wrist and elbow tendinitis and lumbar strain. Patient had a previous injury on April 8, 1999 and was diagnosed with fibromyalgia. Since that time she has had continued low back pain, shoulder pain and neck pain. During that time patient has continued to receive acupuncture therapy. Patient has been taking Ativan for anxiety, Prilosec for stomach protection and gastritis, Relafen for pain and inflammation, Cymbalta for neuropathic pain, Tramadol for pain and Biofreeze gel for topical relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Prilosec 20mg #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSIADS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: According to guidelines physicians should first determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). According to patients medical records there is no documentation that patient meets these guidelines that warrant the use of Prilosec.

Relafen 750mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSIADS Page(s): 72, 73.

Decision rationale: According to the medical records patient is taking Relafen for pain. According to guidelines Relafen is to be used for osteoarthritis. There is no diagnosis of osteoarthritis in this patient and thus is not medically necessary.

Ativan 1mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

Decision rationale: According to guidelines benzodazepines is not recommended for long term use because long term efficacy is unproven and there is a risk for dependence. Most guidelines limit use to 4 weeks. Based on these guidelines Ativan is not medically necessary

Tramadol 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Opioids Page(s): 84.

Decision rationale: According to guidelines Tramadol decreased pain intensity, produced symptom relief and improved function but only for a time period of up to three months. According to medical records it is unclear how long this patient has been on Tramadol but has been prescribed it in the past. Therefore it is not medically necessary.

Biofreeze Gel #32oz bottle x 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: According to guidelines Topical Analgesics are largely experimental in use with few randomized controlled trials to determine efficacy and safety. Medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Based on patients medical records there is no record of usage of antidepressants or anticonvulsants and thus not medically necessary.

Cymbalta 60mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation SNRIs

Decision rationale: Cymbalta according to guidelines is approved for anxiety, depression, diabetic neuropathy and fibromyalgia. More studies are needed to determine the efficacy for other types of neuropathic pain. According to the patients' medical records Cymbalta is used for neuropathic pain and thus not medically necessary.