

Case Number:	CM14-0011684		
Date Assigned:	02/21/2014	Date of Injury:	12/15/2011
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 50-year-old female who reported injury on 12/15/2011. The mechanism of injury was not provided. The injured worker's medication history included Naprosyn, Omeprazole, Neurontin, Zanaflex, and Savella as well as Terocin in 01/2013. The documentation of 01/10/2014 revealed the injured worker had increased pain and the treatment plan included a refill of medications including Naprosyn 550 mg, 1 tablet by mouth twice a day with 2 refills, Omeprazole 20 mg, 1 tablet by mouth q day with 2 refills, Neurontin 600 mg #100 with 6 refills, and Flexeril 7.5 mg #90 with 3 refills. Diagnoses included lumbar spine and cervical spine strain, myofascial pain syndrome, and lumbosacral facet syndrome. The treatment plan additionally requested a repeat medial branch block. It was indicated the injured worker had 50% relief for greater than 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE OMEPRAZOLE 20MG #100 WITH TWO (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & C. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 01/07/14).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 69.

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. There should be documentation of objective functional benefit received from the medication. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documented efficacy. The clinical documentation failed to provide a rationale for 2 refills without re-evaluation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective Omeprazole 20 mg #100 with 2 refills is not medically necessary.

RETROSPECTIVE NEURONTIN (GABAPENTIN) 600MG #100 WITH SIX (6)

REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-EPILEPSY DRU.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS Guidelines recommend antiepileptic medications for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective improvement in function. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of the above recommendations. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documented rationale for 6 refills without re-evaluation. Given the above, the request for retrospective Neurontin, Gabapentin 600 mg #100 with 6 refills is not medically necessary.

RETROSPECTIVE FLEXERIL (FEXMID) 7.5MG #90 WITH THREE (3) REFILLS:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of objective functional improvement. The clinical documentation failed to provide a rationale for 3 refills with no re-evaluation. Given the above, the request for retrospective Flexeril FexMid 7.5 mg #90 with 3 refills is not medically necessary.

RETROSPECTIVE NAPROSYN SOD 550 #100 WITH TWO (2) REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NAPROXEN, Page(s).

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

Decision rationale: The California MTUS Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation of objective functional improvement and a decrease in pain. The clinical documentation failed to provide a rationale for 2 refills with no re-evaluation. Given the above, the request for retrospective Naprosyn Sod 550 #100 with two (2) refills is not medically necessary.