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| Case Number: | CM14-0016568 | | |
| Date Assigned: | 04/11/2014 | Date of Injury: | 03/03/2010 |
| Decision Date: | 05/29/2014 | UR Denial Date: | 02/04/2014 |
| Priority: | Standard | Application Received: | 02/10/2014 |

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, has a subspecialty in Interventional Spine 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 60 year-old female who was injured on 3/3/2010. She has been diagnosed with cervical sprain, brachial neuritis and shoulder sprain. According to the 1/27/14 physiatry report from [REDACTED], the patient presents with pain in the cervical spine, both shoulders, both elbows with spasms in the left trapezeus and bilateral wrist flexors. Tinel's is positive at the wrists and there are trigger points in the trapezeus muscle and tenderness at the lateral epicondyles. On 2/4/14 UR recommended non-certification for use of Omeprazole, Fexmid, and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 1/27/14) FOR 100 CAPSULES OF OMEPRAZOLE 20MG WITH 2 REFILLS: Overturned

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

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

Decision rationale: The Expert Reviewer's decision rationale: According to the 1/27/14 physiatry report from [REDACTED], the patient presents with pain in the cervical spine, both

shoulders, both elbows with spasms in the left trapezeus and bilateral wrist flexors. I have been asked to review for omeprazole. The 12/14/13 supplemental report from [REDACTED], states the patient had history of gastritis and GERD from use of Advil. Review of systems was positive for GERD. The patient continues to take high dose NSAIDs (Orudis). MTUS states a PPI such as omeprazole can be used for treatment of dyspepsia secondary to NSAID therapy. MTUS states high dose NSAIDs are a risk factor for GI events and MTUS allows for prophylactic use of a PPI with NSAIDs with the positive GI risk factors. Also, the labeled indication for omeprazole is for GERD. The patient meets the MTUS criteria for use of Omeprazole.

RETROSPECTIVE REQUEST (DOS: 1/27/14) FOR 90 TABLETS OF FEXMID (FLEXERIL) 7.5MG WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The Expert Reviewer's decision rationale: According to the 1/27/14 psychiatry report from [REDACTED], the patient presents with pain in the cervical spine, both shoulders, both elbows with spasms in the left trapezeus and bilateral wrist flexors. Fexmid 7.5mg, tid, #90 with 3 refills was prescribed, and is the topic of this review. MTUS specifically states Fexmid(cyclobenzaprine) is not recommended for use longer than 3-weeks. The prescription is written for a 30-day supply with 3 additional months of refills. The use of Flexmid over 3-weeks is not in accordance with MTUS guidelines.

RETROSPECTIVE REQUEST (DOS: 1/27/14) FOR 100 TABLETS OF GABAPENTIN (NEURONTIN) 600MG WITH 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy Drugs Page(s): 16-18.

Decision rationale: The Expert Reviewer's decision rationale: According to the 1/27/14 psychiatry report from [REDACTED], the patient presents with pain in the cervical spine, both shoulders, both elbows with spasms in the left trapezeus and bilateral wrist flexors. She was reported to have numbness in the arms, and has been taking Neurontin since at least 9/9/13. There were two follow-up reports 11/4/13 and 1/27/14 but there was no discussion of efficacy of gabapentin. I was provided only a portion of a 10/7/13 report and there was a supplemental report form 12/14/13 for omeprazole. MTUS does recommend gabapentin for neuropathic pain. MTUS states: "After initiation of treatment there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use."and MTUS requires at least a 30% reduction in pain to continue the therapy. The reporting did not mention

any reduction in pain with use of Gabapentin, so I am not able to verify whether the continued use of the medication is in accordance with MTUS guidelines.