

Case Number:	CM14-0152687		
Date Assigned:	09/22/2014	Date of Injury:	01/10/2013
Decision Date:	10/29/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 54-year-old female who reported an injury on 01/10/2013. The mechanism of injury was not provided. On 02/20/2014, the injured worker presented with bilateral hand pain associated with numbness and tingling. Upon examination, there was full range of motion of the bilateral shoulders with a positive Neer's test bilaterally. Examination of the cervical spine revealed a mild bilateral Phalen's and Tinel's sign, with mild intermittent symptoms with numbness and tingling upon the median nerve distribution. Her therapy included injections of lidocaine into the left bursa and strengthening exercises. The provider recommended retrospective Cyclobenzaprine, Omeprazole, and naproxen. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Retro Cyclobenzaprine 7.5mg Tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request for Flexeril 7.5 mg with a quantity of 60 exceeds the guidelines recommendation of short term therapy. The provided medical records lacked documentation of significant functional improvement with the use of this medication. A complete and adequate pain assessment was not provided. Additionally, the provider's request did not include the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

1 Retro Omeprazole 20mg Tab #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk. Proton Pump Inhibitor.

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

Decision rationale: According to California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or those who have moderate to high risk for gastrointestinal events. The injured worker's diagnosis is not congruent with the guideline recommendations of Omeprazole. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The efficacy of the prior use of the medication was not provided. There was a lack of exceptional factors provided in the documentation submitted to support recommending the medication outside of the guideline recommendations. The provider does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.

1 Retro Naproxen 550mg Tab #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 70.

Decision rationale: The California MTUS Guidelines state that all NSAIDs are associated with a risk for cardiovascular events, including MI, stroke, or onset or worsening of pre-existing hypertension. They additionally recommend that the lowest effective dose be used for all NSAIDs for the shortest duration of time, consistent with individual treatment goals. There is a lack of evidence in the medical documents provided of a complete and adequate pain assessment. Additionally, the efficacy of the medication was not provided in the documentation submitted. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.