

Case Number:	CM14-0161469		
Date Assigned:	10/06/2014	Date of Injury:	01/13/2010
Decision Date:	11/28/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/01/2014

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, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 59-year-old female with a 1/13/10 date of injury. According to a progress report dated 9/17/14, the patient reported cervical spine pain associated with headaches and nausea, rated as a 7/10. She reported lumbar spine pain associated with stiffness and spasm that radiated down to both legs, rated as an 8/10. She also reported sharp pain of her left shoulder, rated as a 7/10. Objective findings: tenderness to the cervical, decreased range of motion, hypoesthesia C7 right dermatome, positive spasm, tenderness to the lumbar, decreased range of motion, positive spasm, hypoesthesia L4-L5 right dermatome, tenderness of left shoulder, decreased range of motion, positive spasm. Diagnostic impression: cervical disc protrusion, lumbar disc protrusion, left shoulder impingement, lumbar radiculitis, cervical radiculitis, myospasms. Treatment to date: medication management, activity modification. A UR decision dated 9/19/14 modified the request for Norco to a 30-day supply for weaning purposes and denied the requests for omeprazole and cyclobenzaprine. Regarding Norco, there is no documentation of a maintained increase in function or decrease in pain with the use of this medication. Regarding omeprazole, documentation provided does not indicate the claimant to be at risk for gastrointestinal events. Regarding cyclobenzaprine, this medication is being utilized for long-term treatment and the documentation does not identify acute exacerbations of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 325/10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the reports provided for, there is no documentation that this patient is taking Norco. There is no documentation of significant pain reduction or improved activities of daily living with Norco use. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, or CURES monitoring. Furthermore, urine drug screens dated 7/24/14 and 9/23/14 are inconsistent for hydrocodone use. There is no documentation that the provider has addressed this issue. Therefore, the request for Norco 325/10mg #60 was not medically necessary.

Omeprazole 20mg #60: Upheld

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 NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the most recent reports provided for review, there is no documentation that this patient is currently taking an NSAID medication. In addition, there is no documentation of gastrointestinal complaints. A specific rationale as to why this patient requires omeprazole was not provided. Therefore, the request for Omeprazole 20mg #60 was not medically necessary.

Cyclobenzaprine 7.5mg #60: 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 Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However, according to the records reviewed, there is no documentation that this patient is currently taking Cyclobenzaprine. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Cyclobenzaprine 7.5mg #60 was not medically necessary.