MAXIMUS Federal Services

Case Number:	CM14-0161793		
Date Assigned:	10/07/2014	Date of Injury:	03/24/2004
Decision Date:	11/28/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/02/2014

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 and Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 63-year-old male who reported an injury on 03/24/2004. The mechanism of injury was not provided. On 09/08/2014, the injured worker presented with right shoulder pain and neck pain. Current medications included alprazolam, lovastatin, Tylenol No. 3, multivitamin, tramadol, cyclobenzaprine, and Prilosec. The diagnoses were rotator cuff tear nontraumatic, brachial plexus neuritis, and carpal tunnel syndrome bilaterally. There is no physical examination performed at this time on this note. The provider recommended cyclobenzaprine, a urine drug screen, Omeprazole, tramadol, and alprazolam. The provider's rationale was 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:

CYCLOBENZAPRINE (FLEXERIL) 7.5MG: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine 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 course may be better. Treatment should be brief. The provided medical records lacked documentation of significant objective functional improvement with the use of this medication. The provider's rationale for the request was not provided within the documentation for review. Additionally, the provider's request does not indicate the quantity or frequency of the medication in the request as submitted. As such, medical necessity for the request has not been established.

1 URINE DRUG SCREEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or presence of illegal drugs. It may also be used in conjunction with a therapeutic trial of opioids or for ongoing management and as a screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug seeking behavior, or whether the injured worker was suspected of illegal drug use. It is unclear when the last urine drug screen was performed. As such, medical necessity for the request has not been established.

OMEPRAZOLE (PRILOSEC) 20 MG #60 WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

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

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors may be recommended for injured workers with dyspepsia secondary to NSAID therapy or for those taking NSAID medications who are at moderate to high risk for gastrointestinal events. There was a lack of documentation that the injured worker has a diagnosis congruent with the guideline recommendation for a proton pump inhibitor. Additionally, the injured worker is not at moderate to high risk for gastrointestinal events. The provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity for the request has not been established.

Retrospective (DOS 9/8/2014) Tramadol ER 150mg, #30 with 1 Refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS recommends the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. As such, medical necessity for the request has not been established.

Retrospective (DOS 9/8/2014) Alprazolam 0.5mg: Upheld

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

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

Decision rationale: The California MTUS Guidelines do not recommend the use of benzodiazepines for long term use because long term efficacy is unproven, and there is a risk for dependence. Most guidelines limit the use to 4 weeks. There is a lack of documentation of treatment history or length of time that the injured worker has been prescribed alprazolam. There is a lack of documentation of efficacy of the prior use of the medication documented to support continued use. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity for the request has not been established.