

Case Number:	CM14-0166732		
Date Assigned:	10/28/2014	Date of Injury:	06/01/2001
Decision Date:	12/04/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/09/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 patient is a 58-year-old woman who sustained a work related injury on June 1, 2001. Subsequently, she developed chronic neck pain. According to the re-evaluation report dated August 18, 2014, the patient continued to experience pain of her neck, especially in the left cervical paraspinal area and the left trapezius area. She noticed that movement of her neck does cause increased pain. The pain of her neck and trapezius area also is aggravated by use of her arms and extended overhead position. Examination of the cervical spine revealed moderate paraspinal muscle guarding and tenderness of generalized nature with very marked left lower paraspinal muscle guarding, spasm, and tenderness extending into her left trapezius muscle. She had guarding of movement as a result. There was normal sagittal balance of the cervical spine. There was no abnormal lordosis, kyphosis, or scoliosis. Range of motion was limited. There was slight hypesthesia of the radial fingers of the left hand compared to the right. There was no localizing motor deficit of either upper extremity. The patient was diagnosed with status post anterior cervical fusion and discectomy C3 to C7, status post pseudoarthrosis of cervical spine, status post repair of pseudoarthrosis with posterior instrumentation C4 through C7, and status post removal of retained posterior lateral mass fixation C4 through C7 with exploration of fusion done December of 2013. The provider requested authorization for Prilosec, Flexeril, and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Prilosec 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of Prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Prilosec 20mg#120 prescription is not medically necessary.

1 prescription of Flexeril 7.5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

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

Decision rationale: According to MTUS guidelines, Flexeril, a non-sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent evidence of pain flare or spasm and the prolonged use of Flexeril is not justified. Therefore the request for authorization Flexeril 7.5 mg # 180 is not medically necessary.

1 prescription of Fioricet 50/325mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

Decision rationale: Fioricet is a Barbiturate-containing analgesic agent (BCAs). According to MTUS guidelines, < Barbiturate-containing analgesic agents (BCAs). Not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987)>. Fioricet is indicated for acute headache. The patient has a history of chronic

headache and there is no clear justification of chronic headache. There is no documentation of failure of other first line headache medications. Therefore, the prescription of 1 Prescription for Fioricet 50/325 #240 is not medically necessary.