

Case Number:	CM14-0022870		
Date Assigned:	06/20/2014	Date of Injury:	08/01/2009
Decision Date:	08/11/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/24/2014

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 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:

The injured worker is a 51-year-old female who reported an injury on 08/01/2009. The mechanism of injury was not provided for clinical review. The diagnoses included cervical disc protrusion, cervical mild spasm, cervical sprain/strain, right shoulder impingement syndrome, and right shoulder sprain/strain. Previous treatments included medication, surgery, a TENS unit, and heat packs. Within the clinical note dated 01/22/2014, it was reported that the injured worker complained of severe spasms along the posterior neck and trapezius. On physical examination of the cervical spine, the provider noted 3+ tenderness to palpation of the bilateral trapezi and cervical paravertebral muscles. The provider indicated muscle spasms of the cervical paravertebral muscles. The provider indicated the injured worker had 3+ tenderness to palpation of the anterior shoulder. She had a positive impingement test. The request was for Cyclobenzaprine, Omeprazole, Gabapentin, Gabapentin cream, Flurbiprofen and toxicology, for pain and spasms. The Request for Authorization was provided and submitted on 01/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, page(s) 63-64 Page(s): 63-64.

Decision rationale: The request for 1 prescription of Cyclobenzaprine 7.5 mg #60 is non-certified. The injured worker complained of severe muscle spasms along the posterior neck and trapezius. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for the short-term treatment of acute exacerbations in injured workers with chronic low back pain. The guidelines note that the medication is not recommended to be used for longer than 2 to 3 weeks. Muscle relaxants may be effective in reducing pain, muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2013, which exceeds the guideline recommendations for short-term use of 2 to 3 weeks. The request as submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.

Prescription of Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, page(s) 68-69 Page(s): 68-69.

Decision rationale: The request for 1 prescription of Omeprazole 20 mg #60 is non-certified. The injured worker complained of severe muscle spasms along the posterior neck and trapezius. The California MTUS Guidelines note that proton pump inhibitors, such as Omeprazole, are recommended for injured workers who are at risk for gastrointestinal events and/or cardiovascular disease. Risk factors for gastrointestinal events include: over the age of 65, history of peptic ulcer, gastrointestinal bleeding or perforation, and use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAIDs, switching to a different NSAID, or adding an H-2 receptor antagonist, or a proton pump inhibitor. There is a lack of documentation indicating the injured worker had a history of peptic ulcer disease, gastrointestinal bleeding or perforation. It did not appear the injured worker was at risk for gastrointestinal events. Additionally, there is a lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. The injured worker has been utilizing the medication for an extended period of time (since at least 01/2013). The request as submitted failed to provide the frequency of the medication. Therefore, the request for Omeprazole 20 mg #60 is non-certified.

Prescription of Gabapentin 600mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin, page(s) 49 Page(s): 49.

Decision rationale: The request for a prescription of Gabapentin 600 mg #60 is non-certified. The injured worker complained of severe muscle spasms along the posterior neck and trapezius. The California MTUS Guidelines show Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and post herpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. There is a significant lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. There is a lack of documentation indicating the injured worker is treated for or diagnosed with diabetic painful neuropathy. Therefore, the request for Gabapentin 600 mg #60 is non-certified.

Prescription for medicated cream of Gabapentin 30gm, for 72 hour supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for a prescription of medicated cream of Gabapentin 30 gm for a 72 hour supply is non-certified. The injured worker complained of severe muscle spasms along the posterior neck and trapezius. The California MTUS Guidelines note topical NSAIDs are recommended for use in osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Gabapentin is recommended for diabetic painful neuropathy. There is a lack of documentation indicating the injured worker is treated for or diagnosed with diabetic painful neuropathy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. In addition, the request as submitted failed to provide the frequency of the medication. The request as submitted failed to provide a treatment site. The injured worker has been utilizing the medication since at least 01/2013, which exceeds the guideline recommendations of short-term use of 4 to 12 weeks. Therefore, the request for a prescription of medicated cream of Gabapentin 30 gm for a 72 hour supply is non-certified.

Prescription for medicated cream of Flurbiprofen 30gm, for a 72 hour supply: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for 1 prescription for medicated cream of Flurbiprofen 30 gm for a 72 hour supply is non-certified. The injured worker complained of severe muscle spasms along the posterior neck and trapezius. The California MTUS Guidelines note that topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is a lack of documentation indicating the injured worker is treated for osteoarthritis. The injured worker has been utilizing the medication since at least 01/2013, which exceeds the guideline recommendations for short-term use. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. The request as submitted failed to provide the treatment site of the medication. Therefore, the request is non-certified.

Prescription for medicated cream of Gabapentin 240 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for a prescription of medicated cream of Gabapentin 240 gm is non-certified. The injured worker complained of severe muscle spasms along the posterior neck and trapezius. The California MTUS Guidelines note topical NSAIDs are recommended for use in osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Gabapentin is recommended for diabetic painful neuropathy. There is a lack of documentation indicating the injured worker is treated for or diagnosed with diabetic painful neuropathy. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. In addition, the request as submitted failed to provide the frequency of the medication. The request as submitted failed to provide a treatment site. The injured worker has been utilizing the medication since at least 01/2013, which exceeds the guideline recommendations of short-term use of 4 to 12 weeks. Therefore, the request for a prescription of medicated cream of Gabapentin 240 gm is non-certified.

Prescription for medicated cream of Flurbiprofen 240 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for 1 prescription for medicated cream of Flurbiprofen 240 gm is non-certified. The injured worker complained of severe muscle spasms along the posterior neck and trapezius. The California MTUS Guidelines note that topical NSAIDs are recommended for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is a lack of documentation indicating the injured worker is treated for osteoarthritis. The injured worker has been utilizing the medication since at least 01/2013, which exceeds the guideline recommendations for short-term use. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request as submitted failed to provide the frequency of the medication. The request as submitted failed to provide the treatment site of the medication. Therefore, the request is non-certified.

Toxicology to follow medication consultation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, screening for risk of addiction (tests). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Urine Drug Testing (UDT).

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

Decision rationale: The request for toxicology to follow medication consultation is non-certified. The injured worker complained of severe muscle spasms along the posterior neck and trapezius. The California MTUS Guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. It may be used in conjunction with a therapeutic trial of opioids, for ongoing management and screening for risk of misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drug-seeking behaviors, or whether the injured worker was suspected of illegal drug use. While a urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug-seeking behaviors. There is a lack of documentation indicating the when the urine drug screen was performed. Therefore, the request for toxicology to follow medication consultation is non-certified