

Case Number:	CM14-0027179		
Date Assigned:	06/13/2014	Date of Injury:	01/25/2011
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/03/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of January 25, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; a cane; multiple shoulder surgeries; epidural steroid injection therapy; unspecified amounts of acupuncture; and transfer of care to and from various providers in various specialties; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated February 13, 2014, the claims administrator partially certified a request for hydrocodone, apparently for weaning purposes, denied a request for Cardivisc, denied a request for cyclobenzaprine, denied a request for omeprazole, denied a request for Ambien, and denied a request for Narcosoft. The applicant's attorney apparently appealed the decision to deny Cardivisc, cyclobenzaprine, and omeprazole. An earlier clinical progress note of July 29, 2013 was sparse and notable for comments that the applicant had multifocal complaints of neck, mid back, low back, and shoulder pain status post earlier shoulder surgery. The applicant was placed off of work, on total temporary disability. The applicant was described on August 5, 2013 as using a variety of agents, both oral and topical, including Percocet, Flexeril, Protonix, flurbiprofen containing cream, cyclobenzaprine containing cream, and a tramadol containing cream. On January 8, 2014, the applicant's shoulder surgeon wrote that the applicant could be seen on an as-needed basis at that point. A February 4, 2014 progress note was sparse and notable for comments that the applicant was angry that a previously requested surgery had not been approved. The applicant was reportedly unable to sleep secondary to pain. The applicant states that he was getting worse in terms of multifocal neck, mid back, and shoulder pain. The applicant was ambulating with a cane. A heightened dosage of Norco was endorsed, along with Cardivisc, Flexeril, omeprazole, Ambien, and Narcosoft.

IMR ISSUES, DECISIONS AND RATIONALES

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

CARTIVISC 500MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (And Chondroitin Sulfate) Page(s): 50.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine Page(s): 50.

Decision rationale: While page 50 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of glucosamine in the treatment of pain associated with arthritis and, in particular knee arthritis, in this case, however, the applicant does not have any documented issues with arthritic pain. The applicant does not have any documented issues with knee pain present, either. Therefore, the request for Cardivisc is not medically necessary.

CYCLOBENZAPRINE 7.5MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine to the mix is not indicated. Therefore, the request is not medically necessary.

OMEPRAZOLE 20MG, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk. Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as omeprazole in the treatment of NSAID-induced dyspepsia, in this case, however, there is no clear mention or description of any active issues or symptoms of dyspepsia, reflux, and/or heartburn, either NSAID-induced or stand-alone. Therefore, the request is likewise not medically necessary.