

Case Number:	CM14-0050968		
Date Assigned:	07/07/2014	Date of Injury:	01/01/2002
Decision Date:	08/15/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/18/2014

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 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:

According to the records made available for review, this case involves a 62-year-old female with an injury date of 01/01/2002. At the time of the 04/02/2004 decision date for Zantac 150mg # 60 and Cyclobenzaprine 7.5 mg #60, there was documentation of subjective findings of left neck and shoulder pain with an intensity of 7/10. In addition, there were objective findings of left-side neck muscle spasms and decreased range of motion of the cervical spine. The current diagnosis is cervical disc degeneration, cervical post laminectomy syndrome, left shoulder complex regional pain syndrome (CRPS), and causalgia of the upper limb. Treatment to date includes ongoing treatment with Zantac, non-steroidal anti-inflammatory drugs (NSAIDs), Cyclobenzaprine, and epidural steroid injections. Regarding the use of Zantac, there is no documentation of high dosage or multiple NSAID or risk of gastrointestinal events. Concerning the Cyclobenzaprine, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. Cyclobenzaprine is used as a second line option for short-term treatment; functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and / or a reduction in the use of medications as a result of Cyclobenzaprine use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Zantac 150 mg # 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies the risks for gastrointestinal event includes: individuals 65 years or older; history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID as criteria necessary to support the medical necessity of Ranitidine. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of cervical disc degeneration, cervical post-laminectomy syndrome, left shoulder CRPS, and causalgia of upper limb. In addition, there is documentation of ongoing treatment with Ranitidine. However, there is no documentation of high dose/multiple NSAID or risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Zantac 150 mg # 60 is not medically necessary.

Cyclobenzaprine 7.5 mg # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non sedating muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Official Disability Guidelines (ODG) identifies that muscle relaxants are recommended for short-term treatment. After reviewing the medical records provided, there is documentation of diagnoses of cervical disc degeneration, cervical post laminectomy syndrome, left shoulder CRPS, and causalgia of upper limb. There is documentation of ongoing treatment with Cyclobenzaprine but no documentation of it being used as a second line agent. In addition, despite documentation of muscle spasms there is no clear documentation of acute muscle spasms or acute exacerbation of chronic low back pain. Given the documentation of ongoing treatment with Cyclobenzaprine

there is no clear documentation of intention to use the medication for short-term treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5 mg # 60 is not medically necessary.