

Case Number:	CM14-0077303		
Date Assigned:	08/08/2014	Date of Injury:	03/29/2005
Decision Date:	09/11/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/27/2014

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, and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 55-year-old individual was reportedly injured on March 29, 2005. The mechanism of injury was not listed in these records reviewed (acute onset of pain was noted). The most recent progress note, dated May 30, 2014, indicated that there were ongoing complaints of neck and upper extremity pains. The physical examination demonstrated a well-developed, well-nourished individual in no cardiorespiratory distress. There was tenderness to palpation in the left paraspinous region of the cervical spine and left upper trapezius region. Motor function was under being 5/5 and range of motion in the cervical spine was reduced. Diagnostic imaging studies were not reviewed. Previous treatment included spinal cord stimulation, stellate ganglion blocks, multiple medications, physical therapy and other conservative measures. A request had been made for multiple medications and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 5mg, qty 90, DOS 04/30/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers Compensation, Pain Procedure Summary (Updated 04/10/2014).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

Decision rationale: MTUS Guidelines support the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the claimant's date of injury and clinical presentation, noting that there is an increase in negative side effects with the long-term use of this medication, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.

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MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants Page(s): 41, 64.

Decision rationale: As outlined in the MTUS, this medication is indicated for short-term treatment of acute flares of musculoskeletal pain. The guidelines clearly established that long-term, chronic or indefinite use is not recommended secondary to the side effect profiles. As such, based on the clinical information presented for review, there is no clear clinical indication for the continued use of this medication. The medical necessity is not been established.

Retrospective request for Pantoprazole (Prilosec) 20mg, qty 60, DOS 04/30/14: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: This medication is a proton pump inhibitor. It is indicated for use as a gastric protectant or to treat gastroesophageal reflux disease. There is no noted gastritis or gastrointestinal complaints. When noting the amount of time this medication has been employed, there is no indication for the need of this medication as there had not been any gastric side effects. Therefore, based on the clinical information presented for review, this is not medically necessary.

Pantoprazole (Prilosec) 20mg, qty 60 with 2 refills: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68.

Decision rationale: This medication is a proton pump inhibitor. It is indicated for use as a gastric protectant or to treat gastroesophageal reflux disease. There is no noted gastritis or gastrointestinal complaints. When noting the amount of time this medication has been employed, there is no indication for the need of this medication as there had not been any gastric side effects. Therefore, based on the clinical information presented for review, this is not medically necessary.

Retrospective request for Celebrex 100mg, qty 60, DOS 04/30/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22, 30, 70.

Decision rationale: This medication is a COX- inhibitor type non-steroidal anti-inflammatory preparation. As outlined in the guidelines, this is recommended in a select portion of patients who are at risk for G.I. complications. When noting that there have been no G.I. complications, no complaints, and the amount of time that this medication has been dispensed with no significant improvement, there is no clear clinical indication presented for this type of non-steroidal. As such, this is not medically necessary based on the records presented for review.

Celebrex 100mg, qty 60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22, 30, 70.

Decision rationale: This medication is a COX-2 inhibitor type non-steroidal anti-inflammatory preparation. As outlined in the guidelines, this is recommended in a select portion of patients who are at risk for G.I. complications. When noting that there have been no G.I. complications, no complaints, and the amount of time that this medication has been dispensed with no significant improvement, there is no clear clinical indication presented for this type of non-steroidal. As such, this is not medically necessary based on the records presented for review.

Retrospective request for Tylenol #3 acetaminophen with Codeine, qty 30, DOS 04/30/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 74-78, 88, 91.

Decision rationale: The progress note reflected this individual has tried a number of different analgesic medication. The relative gain with this medication (7.5->6.5/10) is rather marginal when noting the amount of time from the date of injury, and all the treatment rendered. It is also noted that opioid contract has not been signed in nearly 6 years. Therefore, with no objectification of increased functionality, return to work, or improved pain, there is little to suggest the clinical need for this medication. The medical necessity has not been established in the progress notes reviewed.

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