

Case Number:	CM14-0085482		
Date Assigned:	07/23/2014	Date of Injury:	01/31/2003
Decision Date:	09/18/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 46-year-old female with a date of injury of 01/31/2003. The listed diagnoses per Dr. [REDACTED] are: Cervical sprain, chronic, Impingement syndrome of the shoulder, Headaches, and elements of sleep stress and depression. According to a progress report 04/30/2014 by Dr. [REDACTED], the patient presents with constant low back and shoulder pain. The patient states the pain is at 7/10 on a pain scale. She is utilizing Tylenol No. 4 to manage her pain, Fioricet40 mg for headaches, Flexeril for spasm, Protonix for stomach upset from medications, and Gabapentin for numbness and tingling. Objective finding includes neck extension to 15 degrees and flexion to 15 degrees and right upper extremity abducts to 50 degrees due to pain and stiffness. Report 10/16/2013 indicates the patient is able to do minimal house chores around the house with medication. She rates her pain 7/10 without medication and 5-6/10 with medication. Treater is requesting a refill of medications. Utilization review denied the request on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg, quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

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

Decision rationale: This patient presents with constant low back and shoulder pain. The treater is requesting a refill of Protonix 20 mg #60. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. Review of the medical file indicates the patient has been taking this medication since 10/16/2013 and naproxen sodium 550 mg since 06/04/2013. The patient has been taking NSAID on a long term basis, but the treater does not document dyspepsia or any GI issues, other than "upset stomach." Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. As such, the request is not medically necessary and appropriate.

Gabapentin 600mg, quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18-19.

Decision rationale: This patient presents with constant low back and shoulder pain. The treater is requesting a refill of Gabapentin 600 mg which the patient has been taking since 06/04/2014 for numbness and tingling. The MTUS Chronic Pain Guidelines page 18 and 19 has the following regarding Gabapentin, "Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain." A report of 10/16/2013 indicates the patient is able to do minimal house chores around the house and has a decrease in pain with current medications. Given the patient's neuropathic pain and effectiveness of medications, the request is medically necessary and appropriate.

Fioricet 50/325/40mg, Quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-containing analgesics agents Page(s): 23.

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

Decision rationale: This patient presents with constant low back and shoulder pain. The treater is requesting a refill of Fioricet 50/325/40 mg. Review of the medical file indicates the patient has been taking this medication since 06/04/2012. For barbiturate-containing analgesic agents, the MTUS Guidelines do not recommend for chronic pain. "The potential for drug dependence is high and no evidence exists to show clinically important and has been of analgesic efficacy of

BCAs due to barbiturate constitutes (meclizine 2000)." There is a risk of medication overuse as well as rebound headache. The requested Fioricet is not medically necessary and appropriate.

Flexeril 5mg, quantity 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 (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This patient presents with constant low back and shoulder pain. The treater is requesting a refill of Flexeril 5 mg #60 for patient's muscle spasms. Review of the medical file indicates the patient has been taking Flexeril since 06/04/2012. The MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for short course of therapy. Limited, mixed evidence does not allow for recommendation for chronic use." In this case, the treater has prescribed this medication for long-term use. As such, the request is not medically necessary and appropriate.