

Case Number:	CM14-0184451		
Date Assigned:	11/12/2014	Date of Injury:	11/05/2009
Decision Date:	05/13/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/05/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 50-year-old female who reported an injury on 11/05/2009. The mechanism of injury reportedly occurred when the injured worker was sorting onions when she bent down to move a box and then stood up and hit the back of her head on a metal bar. Her diagnoses included cervical spine radiculitis, carpal tunnel syndrome, and internal derangement of the bilateral shoulders. Past treatments included medications trigger point injections. On 09/09/2014, the injured worker complained of constant severe sharp neck pain radiating to the bilateral shoulders, rated at an 8/10. Physical examination revealed a normal gait and severe tenderness of the trapezius and the shoulders, with diminished sensation. Current medications were noted to include Anaprox 550 mg, Neurontin 600 mg, cyclobenzaprine 7.5 mg, hydrocodone/APAP 10/325 mg, omeprazole 20 mg, pantoprazole 20 mg, and tizanidine 8 mg. The treatment plan included a continuation of medications and trigger point injections. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg twice daily #90, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDs as a second line treatment after acetaminophen. The clinical information indicated the injured worker has been taking naproxen for an unspecified amount of time. However, there was no documentation with evidence of a tried and failed use of acetaminophen before the administration of NSAIDs. In addition, there was no documentation with quantified evidence of functional improvement with the use of the medication. Given the absence of the information indicated above, the request is not supported. Therefore, the request for naproxen 550 mg twice daily #90 with 1 refill is not medically necessary.

Hydrocodone/APAP 10/325 every six hours #120, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids use for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The California MTUS Guidelines state that 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, including pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug related behaviors. The clinical information indicated the injured worker has been taking Norco since at least 02/25/2014. However, there was a lack of documentation indicate the clinical notes submitted of quantified numerical pain relief, an increase in physical and psychosocial functioning, and documentation of side effects and/or aberrant behavior with use of the medication. Furthermore, there was no current drug screen submitted to assess for aberrant behavior. Given the absence of the information indicated above, the request is not supported. Therefore, the request for hydrocodone/APAP 10/325 every 6 hours #120 with 1 refill is not medically necessary.

Pantoprazole 20mg twice daily #60, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68.

Decision rationale: The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at risk for gastrointestinal events, including over the age of 65 and history of peptic ulcer, GI bleeding, or perforation. The clinical information indicated that the

injured worker has been taking pantoprazole for an unspecified amount of time. However, there was no documentation with evidence of gastrointestinal event risks. In addition, there was no documentation with evidence of quantified functional improvement with use of the medication. Given the absence of the information indicated above, the request is not supported. Therefore, the request for pantoprazole 20 mg twice daily #60 with 1 refill is not medically necessary.

Alprazolam 1mg at bedtime #30, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California MTUS Guidelines do not recommend benzodiazepines for long term use as long term efficacy is unproven. The clinical information indicated that the injured worker has been taking alprazolam since at least 02/25/2014. However, there was no documentation with evidence of quantified functional improvement with use of the medication. In addition, as the guidelines do not recommend long term use, the request is not supported. Therefore, the request for alprazolam 1 mg at bedtime #30 with 1 refill is not medically necessary.