

Case Number:	CM14-0200314		
Date Assigned:	12/10/2014	Date of Injury:	06/05/2012
Decision Date:	01/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice, 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:

40 yr. old female claimant sustained a work injury on 9/17/11 involving the neck, left knee, left shoulder, and low back. She was diagnosed with lumbar spondylosis, left shoulder pain, and headaches. A progress note on 10/8/14 indicated the claimant had 6-8/10 pain in the involved areas. There was tenderness to palpation in the lumbar and cervical spines and limited range of motion. He had used a TENS until and undergone physical therapy. The treating physician continued the claimant's Hydrocodone for pain, Pantoprazole for GI protection, Naproxen for pain and Cyclobenzaprine and muscle relaxation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325MG, 1 tab by mouth 2-3 per day, quantity: 60, refills: 0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a

trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone for an unknown length of time and unknown pain and functional response over time. There was no indication for combining an opioid with and NSAID. The continued use of Hydrocodone is not medically necessary.

Naproxen Sodium 550MG, one tab by mouth 3 per day, quantity: 90, refills: 0: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for chronic pain. In this case, there was no indication of Tylenol failure. There was no justification of combining an NSAID with an opioid. Pain history and response to Naproxen was not specified. The request for Naproxen is not medically necessary.

Pantoprazole 20MG, 1 tab by mouth 3 per day, quantity: 90, refills: 0: 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 Page(s): 67.

Decision rationale: According to the MTUS guidelines, Pantoprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anti-coagulation/anti-platelet use. In this case, there is no documentation of GI events or anti-platelet use that would place the claimant at risk. Therefore, the continued use of Pantoprazole is not medically necessary.

Cyclobenzaprine 7.5MG, 1 tab by mouth 3 per day, quantity: 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 Cyclobenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Cyclobenzaprine for an unknown length

of time. A month additional supply was written. Continued and chronic use is not medically necessary.