

Case Number:	CM15-0003916		
Date Assigned:	01/16/2015	Date of Injury:	10/24/2013
Decision Date:	03/10/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/08/2015

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: Emergency Medicine

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 45 year old female, who sustained an industrial injury to neck and upper extremities on 10/24/13. She has reported pain, headaches, weakness, difficulty holding objects, dropping things, depression and pain. The diagnoses have included discogenic cervical condition with facet inflammation, ulnar neuritis bilaterally, carpal tunnel syndrome bilaterally, wrist joint inflammation bilaterally, impingement of shoulder with rotator cuff strain, bicep tendinitis, and chronic pain syndrome. The past history includes hypertension. Treatment to date has included medications and diagnostics. There was no urine toxicology noted. Currently, per physician note dated 12/1/14, the IW complains of injury to neck and upper extremities. She is not able to work, does limited chores around the house, she has pain and weakness with any activities, difficulty sleeping and increased clumsiness. Magnetic Resonance Imaging (MRI) dated 5/15/14 mild disc bulge with no significant foraminal narrowing. Physical exam revealed tenderness along the paraspinal muscles, trapezius and shoulder girdle. She has generalized weakness of upper extremities. There are no focal or neurological changes. The IW is not working. Restrictions were no repetitive neck flexion, extension, rotation, overhead reaching, forceful pulling, pushing, lifting and no typing more than 30 minutes per hour. Treatment plan was to give prescriptions for medications, request electromyogram studies, and refer to psychiatry, pain management and neurology. Follow up visit in 4 weeks. On 12/18/14 Utilization Review non-certified a request for Vicodin 5/300mg #60, noting that ongoing use of opioids requires documented evidence of functional improvement and this is not supported in the medical records. The (MTUS) Medical Treatment Utilization Schedule and Official Disability Guidelines (ODG) were

cited. On 12/18/14 Utilization Review non-certified a request for Gabapentin 600mg #90, noting the physician does not describe clinical manifestations of the IW's pain which would indicate a neuropathic pain origin of the IW's pain syndrome. The MTUS guidelines were cited. On 12/18/14 Utilization Review non-certified a request for Flexeril 7.5mg #60, noting there is no objective description of muscle spasms and prolonged use of muscle relaxants are not supported in the guidelines. The MTUS Guidelines was cited. On 12/18/14 Utilization Review non-certified a request for Protonix 20mg #60, noting there is no documented prior omeprazole use or prior without benefit. The MTUS Guidelines was cited. On 12/18/14 Utilization Review non-certified a request for Valium 10mg #30, noting the guidelines do not recommend long term use of benzodiazepines long term due to unproven long term efficacy and risk of dependence. The MTUS Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82.

Decision rationale: The requested Vicodin 5/300mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has reported pain, headaches, weakness, difficulty holding objects, dropping things, depression and pain. The treating physician has documented tenderness along the paraspinal muscles, trapezius and shoulder girdle. She has generalized weakness of upper extremities. There are no focal or neurological changes. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Vicodin 5/300mg #60 is not medically necessary.

Gabapentin 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Page(s): 16-17.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs Page(s): Page 16-18.

Decision rationale: The requested Gabapentin 600mg #90 is not medically necessary. Chronic Pain Medical Treatment Guidelines, Anti-Epilepsy drugs, Pages 16-18, 21, note that anti-epilepsy drugs are "Recommended for neuropathic pain due to nerve damage". The injured worker has reported pain, headaches, weakness, difficulty holding objects, dropping things, depression and pain. The treating physician has documented tenderness along the paraspinal muscles, trapezius and shoulder girdle. She has generalized weakness of upper extremities. There are no focal or neurological changes. The treating physician has not documented signs and symptoms of neuropathic pain, nor adequate functional improvement from its use. The criteria noted above not having been met, Gabapentin 600mg #90 is not medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): Page 63-66.

Decision rationale: The requested Flexeril 7.5 mg # 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has reported pain, headaches, weakness, difficulty holding objects, dropping things, depression and pain. The treating physician has documented tenderness along the paraspinal muscles, trapezius and shoulder girdle. She has generalized weakness of upper extremities. There are no focal or neurological changes. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5 mg # 60 is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter: Proton pump inhibitors (PPIs) and <http://www.drugs.com/cdi/pantoprazole.html>

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

Decision rationale: The criteria noted above not having been met, Protonix 20mg #60 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple

NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has reported pain, headaches, weakness, difficulty holding objects, dropping things, depression and pain. The treating physician has documented tenderness along the paraspinal muscles, trapezius and shoulder girdle. She has generalized weakness of upper extremities. There are no focal or neurological changes. The treating physician has not documented medication induced GI complaints or GI risk factors nor derived functional improvement from its use. The criteria noted above not having been met, Protonix 20mg #60 is not medically necessary.

Valium 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

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

Decision rationale: The criteria noted above not having been met, Valium 10mg #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. The injured worker has reported pain, headaches, weakness, difficulty holding objects, dropping things, depression and pain. The treating physician has documented tenderness along the paraspinal muscles, trapezius and shoulder girdle. She has generalized weakness of upper extremities. There are no focal or neurological changes. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Valium 10mg #30 is not medically necessary.