MAXIMUS Federal Services

Case Number:	CM15-0008842		
Date Assigned:	01/26/2015	Date of Injury:	10/12/2012
Decision Date:	03/25/2015	UR Denial Date:	12/20/2014
Priority:	Standard	Application Received:	01/15/2015

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, Arizona
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 36-year-old male who reported an injury on 10/12/2012. On 11/07/2014, he was seen for a followup evaluation, complaining of worsening neck pain and left arm pain. He rated his pain at a 9/10 and stated that it was 70% worse. A physical examination of the cervical spine showed flexion to 30 degrees eliciting left occipital pain, extension to 40 degrees eliciting left occipital pain and left upper trapezius pain, side bending to the right was 20 degrees with left sided neck tightness, and side bending to the left was 15 degrees eliciting left trapezius pain. Rotation bilaterally was 70 degrees. Extension elicited worse pain than flexion. The Spurling's maneuver on the right and left elicited left sided neck pain. Abduction of the left arm was to 90 degrees and elicited pain in left upper trapezius and into the arm. Trapezius, deltoid, and first DI on the left were 4/5 and the remainder were 5/5. Triceps, biceps, and brachioradialis reflexes were at 2. The treatment plan was for Neurontin 600 mg 1 tablet twice a day, Protonix 20 mg 2 tablets before breakfast #60, Medrox (20% methyl salicylate, 5% menthol, and 0.0375% capsaicin) patches, and Anaprox 550 mg 1 tablet twice a day #60. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin 600 mg one table twice daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49.

Decision rationale: The California MTUS Guidelines indicate that Neurontin is a first line treatment option for neuropathic pain. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the neck and left upper extremity. However, there is a lack of documentation regarding the injured worker's response to this medication in terms of pain relief and functional improvement. Without this information, a continuation would not be supported. Also, the quantity of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Protonix 20 mg two tablets orally before breakfast # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS/GI RISKS Page(s): 67-68..

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors are recommended for the treatment of dyspepsia secondary to NSAID therapy and for those at high risk for gastrointestinal events due to NSAID therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical spine and left upper extremity. However, there is a lack of documentation indicating that he had dyspepsia secondary to NSAID therapy or that he had been at high risk for gastrointestinal events due to NSAID therapy to support the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Medrox (20% Methyl Salicylate, 5% Menthol and 0.0375% Capsaicin) patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114..

Decision rationale: According to the California MTUS Guidelines, topical analgesics are recommended primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. It is also stated that capsaicin is only recommended for those who are intolerant or who have been refractory to other treatment. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the cervical spine and left

upper extremity. However, there is a lack of documentation showing that he had tried and failed recommended oral medications to support the request for a topical analgesic. Also, there is no evidence showing that he had not responded to other forms of treatment or that he was intolerable of other treatments to support the request for a medication containing capsaicin. Furthermore, the number of patches being requested was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

Anaprox 550 mg one tablet twice daily # 60: 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): 67-68.

Decision rationale: According to the California MTUS Guidelines, NSAIDs are recommended for the short term symptomatic relief of low back pain. The documentation provided does not indicate that the injured worker was suffering from acute low back pain. Also, the duration of use with Anaprox was not evident within the report. Without this information, a continuation would not be supported as this medication is only recommended for short term treatment. Therefore, the request is not supported. As such, the request is not medically necessary.