

Case Number:	CM15-0009626		
Date Assigned:	01/27/2015	Date of Injury:	07/08/2013
Decision Date:	04/14/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/16/2015

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: New York
 Certification(s)/Specialty: Internal 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 52-year-old female, who sustained an industrial injury on July 8, 2013. The diagnoses have included neck sprain/strain, cervical disc protrusion, brachial neuritis or radiculitis, thoracic sprain/strain, lumbar radiculopathy, and left shoulder sprain/strain. Treatment to date has included lumbar epidural steroid injection, and oral and topical medications. Currently, the injured worker complains of increased low back symptoms, with constant moderate low back pain with numbness and tingling, constant and moderate neck symptoms, and bilateral upper extremity radicular pain with associated numbness and tingling in both arms. The Primary Treating Physician's report dated September 24, 2014, noted the injured worker not working, remaining on temporary total disability, taking medical foods as directed, reporting improvement with them. A qualitative drug screen was administered to the injured worker. On December 29, 2014, Utilization Review non-certified Ibuprofen 800mg X90, Norco 10/325mg X90, Cyclobenzaprine Hydrochloride 7.5mg X60, Somnicine X30 capsules, and Genicin X#90 capsules. The UR Physician noted that there was no documentation of objective functional improvement with prior use of the medication, therefore, non-certification was recommended for Ibuprofen 800mg X90, citing the Official Disability Guidelines (ODG), Pain Procedure Summary, last updated November 21, 2014. The UR Physician noted there was no documentation of objective functional improvement with prior use of medication, and there was no documentation of a current urine drug screen, attempt at weaning/tapering, or an updated and signed pain contract, therefore, non-certification was recommended for the Norco 10/325mg X90, citing the Official Disability Guidelines (ODG), Pain Procedure Summary, last updated

November 21, 2014. The UR Physician noted there was no documentation of spasm upon examination of the injured worker, with long term use not supported, therefore non-certification was recommended for the Cyclobenzaprine Hydrochloride 7.5mg X60, citing the Official Disability Guidelines (ODG), Pain Procedure Summary, last updated November 21, 2014. The UR Physician noted that there was no clear documentation of osteoarthritis that would require treatment with the medication; therefore, the request for Genicin X90 capsules was non-certified, citing Official Disability Guidelines (ODG), Pain Procedure Summary, last updated November 21, 2014. The UR Physician noted that there was no clear medical rationale for the requested medication, sleep pattern was not delineated, and no thorough documentation that would support a need for medication to improve sleep, therefore the request for Somnicine X30 capsules was non-certified, citing the MTUS Chronic Pain Medical Treatment Guidelines, and a non-MTUS guideline. On January 16, 2015, the injured worker submitted an application for IMR for review of Ibuprofen 800mg X90, Norco 10/325mg X90, Cyclobenzaprine Hydrochloride 7.5mg X60, Somnicine X30 capsules, and Genicin X#90 capsules.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg x 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedures summary last updated 11/21/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Per MTUS guideline, Non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The injured worker's symptoms are chronic and ongoing, without documentation of acute exacerbation or significant improvement in symptoms or function. With MTUS guidelines not being met, the request Ibuprofen 800mg x 90 is not medically necessary.

Norco 10/325mg x 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedures summary last updated 11/21/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 82.

Decision rationale: MTUS states that opioids are not generally recommended as a first-line therapy for some neuropathic pain. When prescribed, ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects must be documented.

Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guidelines recommend using key factors such as pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors, to monitor chronic pain patients on opioids. Assessment for the likelihood that the patient could be weaned from opioids is recommended if there is no improvement in pain and function. The injured worker complaints of chronic neck and low back pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to justify continued clinical use of opioids. In the absence of significant response to treatment, the request for Norco 10/325mg x 90 is not medically necessary.

Cyclobenzaprine Hydrochloride 7.5mg x 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedures summary last updated 11/21/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. Prolonged use can lead to dependence. Documentation fails to indicate physical exam findings of muscle spasm, acute exacerbation of pain or significant improvement in the injured worker's pain or functional status. The request for Cyclobenzaprine Hydrochloride 7.5mg x 60 is not medically necessary per MTUS guidelines.

Somnicine x 30 capsules: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://skylerholdings.com/somnicin%E2%84%A2> notes Somnicin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation <http://beforeitsnews.com/health/>.

Decision rationale: Somnicin is a drug designed by pharmacists and other professionals to help people with difficulty sleeping. They combined natural ingredients including Melatonin, 5-HTP, L-tryptopan, Vitamin B6 and Magnesium, said to combat anxiety and difficulty of sleeping. Documentation does not indicate that the injured worker has a diagnosis requiring treatment with this medication. The request for Somnicin x 30 capsules is not medically necessary.

Genicin x 90 capsules: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin Sulfate). Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedures summary last updated 11/21/2014.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Not Addressed. Decision based on Non-MTUS Citation <http://www.nlm.nih.gov/medlineplus/druginfo>.

Decision rationale: Genicin (Glucosamine sulfate) is commonly used for Osteoarthritis of the knee. Chart documentation fails to show a clear indication for the use of Genicin for this injured worker. The request for Genicin x 90 capsules is not medically necessary.