

Case Number:	CM15-0101770		
Date Assigned:	06/04/2015	Date of Injury:	04/17/2012
Decision Date:	07/08/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	05/27/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 69 year old female patient who sustained a work related injury on 4/17/12. The diagnoses have included myofascial pain syndrome, repetitive strain injury right arm, cervical spine strain, carpal tunnel syndrome both wrists, right rotator cuff syndrome and cervical radiculopathy. Per the PR-2 dated 12/9/14 (and 4/28/15- from peer review report), she had complains of continuing pain in right shoulder and neck (cervical spine). She has numbness and tingling of right hand. Physical examination revealed positive right shoulder impingement, decreased sensation to both hands, a positive Spurling's test on right and decreased range of motion in cervical spine. The medications list includes omeprazole, flexeril, voltaren and menthoderml gel. Treatments have included medications, TENS unit therapy and home exercises. The treatment plan includes refilling medications and requesting chiropractic treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE: Omeprazole (Prilosec) 20mg, #60 (purchased 4/28/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs).

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

Decision rationale: RETROSPECTIVE: Omeprazole (Prilosec) 20mg, #60 (purchased 4/28/15) Prilosec contains omeprazole which is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events.. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- (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). There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of RETROSPECTIVE: Omeprazole (Prilosec) 20mg, #60 (purchased 4/28/15) is not established for this patient.

RETROSPECTIVE: Fexmid (Flexeril) 7.5mg, #30 (purchased 4/28/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: RETROSPECTIVE: Fexmid (Flexeril) 7.5mg, #30 (purchased 4/28/15) Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. According to the records provided patient had chronic right shoulder and neck pain. She has numbness and tingling of right hand. Physical examination revealed positive right shoulder impingement, decreased sensation to both hands, a positive Spurling's test on right and decreased range of motion in cervical spine. Therefore the patient has chronic pain with significant objective exam findings. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for RETROSPECTIVE: Fexmid (Flexeril) 7.5mg, #30 (purchased 4/28/15) is medically appropriate and necessary to use as prn during acute exacerbations.

RETROSPECTIVE: Neurontin (Gabapentin) 600mg, #90 (purchased 4/28/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 18-19 Gabapentin (Neurontin, Gabarone, generic available).

Decision rationale: RETROSPECTIVE: Neurontin (Gabapentin) 600mg, #90 (purchased 4/28/15) Gabapentin is an anti-epileptic drug. According to the CA MTUS Chronic pain guidelines Gabapentin (Neurontin) has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Per the cited guidelines, CRPS: Recommended as a trial. (Serpell, 2002) Fibromyalgia: Recommended as a trial. (Arnold, 2007) Lumbar spinal stenosis: Recommended as a trial, with statistically significant improvement found in walking distance, pain with movement, and sensory deficit found in a pilot study. According to the records provided patient had chronic right shoulder and neck pain. She has numbness and tingling of right hand. Physical examination revealed positive right shoulder impingement, decreased sensation to both hands, a positive Spurling's test on right and decreased range of motion in cervical spine. This is evidence of nerve related pain. Gabapentin is recommended in a patient with such a condition. This request for RETROSPECTIVE: Neurontin (Gabapentin) 600mg, #90 (purchased 4/28/15) is medically appropriate and necessary for this patient.