

Case Number:	CM15-0136301		
Date Assigned:	07/24/2015	Date of Injury:	03/19/2013
Decision Date:	09/25/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/15/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 62-year-old female who sustained an industrial injury on 3/19/13. The injured worker was diagnosed as having lumbar spine strain/sprain and left wrist tendinitis. Currently, the injured worker was with complaints of discomfort in lumbar spine and left wrist. Previous treatments included home exercise program, oral non-steroidal anti-inflammatory drugs, oral muscle relaxants, chiropractic treatments, status post open reduction and internal fixation of the left distal radius fracture, and physical therapy. Previous diagnostic studies included radiographic studies. The injured work status was noted as return to modified work 7/9/15. The injured workers pain level was not noted. Physical examination was notable for lumbar spine with tenderness to palpation and guarding, positive straight leg raise, left wrist tenderness to palpation. The plan of care was for retrospective 60 Neurontin 600 milligrams (DOS 5/20/2015), retrospective 30 Prilosec 20 milligrams (DOS 5/20/2015), retrospective 120 Zanaflex 2 milligrams (DOS 5/20/2015) and retrospective 60 Anaprox DS 550mg (DOS 5/20/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective 60 Neurontin 600mg (DOS 5/20/2015): Upheld

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

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

Decision rationale: The request is for retrospective 60 Neurontin 600 milligrams (DOS 5/20/2015). The injured worker was with complaints of discomfort in lumbar spine and left wrist. CA MTUS recommendations state that Gabapentin is effective in treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The clinical documentation submitted for review failed to provide documentation of the injured workers functional response to the medication and as such, failed to indicate its efficacy. As such, the request for retrospective 60 Neurontin 600 milligrams (DOS 5/20/2015) is not medically necessary.

Retrospective 30 Prilosec 20mg (DOS 5/20/2015): 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 Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitor.

Decision rationale: The request is for retrospective 30 Prilosec 20 milligrams (DOS 5/20/2015). The injured worker was with complaints of discomfort in lumbar spine and left wrist. CA MTUS recommendations state that long-term use of proton pump inhibitors have been shown to increase the risk of hip fractures. Official Disability Guide recommends proton pump inhibitor for patients at risk for gastrointestinal events. "In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI prescriptions are used for unapproved indications or no indications at all." With the recommendation to discontinue NSAIDs, the request for retrospective 30 Prilosec 20 milligrams (DOS 5/20/2015) is not medically necessary

Retrospective 120 Zanaflex 2mg (DOS 5/20/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request is for retrospective 120 Zanaflex 2 milligrams (DOS 5/20/2015). The injured worker was with complaints of discomfort in lumbar spine and left wrist. CA MTUS states Muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAID has no demonstrated benefit, although they have been shown to be useful as antispasmodics. Provider documentation show the injured worker was prescribed this 1/28/15 indicating long-term use. Standards of care indicate medications within the drug class of antispasmodic/muscle relaxants are to be utilized for a short course of therapy. Additionally, documentation does not give evidence the clear efficacy of this medication for injured workers pain. As such, the request for retrospective 120 Zanaflex 2 milligrams (DOS 5/20/2015) is not medically necessary.

Retrospective 60 Anaprox DS 550mg (DOS 5/20/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request is for retrospective 60 Anaprox DS 550mg (DOS 5/20/2015). The injured worker was with complaints of discomfort in lumbar spine and left wrist. CA MTUS recommends the lowest dose NSAID for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors." CA MTUS recommends NSAIDs as a second-line treatment after acetaminophen and as a short-term option. Provider documentation fails to provide the efficacy of the requested medication. CA MTUS Guideline Citation: Title 8, California Code of Regulations, 9792.20 et seq. Effective July 18, 2009 pg. 1 indicates "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. As such, the request for retrospective 60 Anaprox DS 550mg (DOS 5/20/2015) is not medically necessary.