

Case Number:	CM15-0149069		
Date Assigned:	08/14/2015	Date of Injury:	03/26/2002
Decision Date:	09/10/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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, Florida, California

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 63 year old female with an industrial injury dated 03-25-2002. Her diagnoses included repetitive stress injury, upper extremities, bilateral; bilateral cubital and carpal tunnel syndrome, myofascial syndrome, cervicgia with radiculopathy, lumbago, reactive insomnia and reactive depression and anxiety. Co-morbid diagnosis was chronic obstructive pulmonary disease on chronic oxygen. Prior treatment included medications. She presented on 06-02-2015 with complaints of widespread chronic pain which included neuropathic pain in multiple areas, myofascial pain, as well as problems in both the cervical and lumbar spines. The pain is rated as 5 out of 10. Physical examination demonstrated widespread myofascial tenderness with multiple trigger point areas in the upper trapezius muscle groups, rhomboids, as well as muscles around the neck, upper and lower back and posterior aspect of the legs. She had general weakness in the upper extremities to flexion and extension, internal and external rotation as well as handgrip. She used a walker for ambulation. The provider documents the injured worker's current medications have allowed improvements in function and activities of daily living. The treatment request for the following was authorized: Tramadol 50 mg, #120; Neurontin 800 mg, #90; Follow up office visit; Conzip 300 mg #30. The treatment requests for review are: Omeprazole 20 mg, #6 and Baclofen 10 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10mg, #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63 of 127.

Decision rationale: This claimant was injured in 2002 with diagnoses of repetitive stress injury in the bilateral upper extremities, bilateral cubital and carpal tunnel syndrome, myofascial syndrome, cervicalgia with radiculopathy, lumbago, reactive insomnia and reactive depression and anxiety. The pain is rated as 5 out of 10. Physical examination showed myofascial tenderness with multiple trigger point areas in the upper trapezius muscle groups, rhomboids, as well as muscles around the neck, upper and lower back and posterior aspect of the legs. However overt, acute muscle spasm or gastrointestinal upset are not noted. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004). In this claimant's case, there is no firm documentation of acute spasm that might benefit from the relaxant, or that its use is short-term. Moreover, given there is no benefit over NSAIDs, it is not clear why over the counter NSAID medicine would not be sufficient. Therefore, the request is not medically necessary.

Omeprazole 20mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 of 127.

Decision rationale: As previously documented, this claimant was injured in 2002 with diagnoses of repetitive stress injury in the bilateral upper extremities, bilateral cubital and carpal tunnel syndrome, myofascial syndrome, cervicalgia with radiculopathy, lumbago, reactive insomnia and reactive depression and anxiety. The pain is rated as 5 out of 10. Physical examination showed myofascial tenderness with multiple trigger point areas in the upper trapezius muscle groups, rhomboids, as well as muscles around the neck, upper and lower back and posterior aspect of the legs. However, overt, acute muscle spasm or gastrointestinal upset are not noted. The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. Therefore, the request is not medically necessary.