

Case Number:	CM15-0160090		
Date Assigned:	08/26/2015	Date of Injury:	11/28/2007
Decision Date:	10/02/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/17/2015

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 61 year old female, who sustained an industrial injury on 11-28-07. The injured worker has complaints of neck and upper extremity pain. The documentation noted tenderness along the cervical paraspinal muscles, pain along the facets and pain with facet loading. The diagnoses have included other and unspecified disc disorder, cervical region. Treatment to date has included Norco; Celebrex; Aciphex; Flexeril; Ultracet; Tramadol ER; nerve studies did not show radiculopathy only ulnar nerve involvement; decompression of labral repair and magnetic resonance imaging (MRI) showed rotator cuff strain of the left. The request was for AcipHex 20mg quantity 30; Ultracet 37.5-325mg quantity 60 and Flexeril 7.5mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

AcipHex 20 MG Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Proton Pump Inhibitors, NSAIDs, Gastrointestinal Risk Page(s): 68.

Decision rationale: This claimant was injured in 2007 now 8 years ago with neck and upper extremity pain. The diagnoses have included other and unspecified disc disorder, cervical region. Nerve studies did not show radiculopathy only ulnar nerve involvement; decompression of labral repair and magnetic resonance imaging (MRI) showed rotator cuff strain of the left. There is no mention of GI distress. 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. The request is not medically necessary based on MTUS guideline review.

Flexeril 7.5 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine), (Effective July 18, 2009) Page(s): 41 and 42.

Decision rationale: As shared previously, this claimant was injured in 2007 now 8 years ago with neck and upper extremity pain. The diagnoses have included other and unspecified disc disorder, cervical region. Nerve studies did not show radiculopathy only ulnar nerve involvement; decompression of labral repair and magnetic resonance imaging (MRI) showed rotator cuff strain of the left. There is no mention of acute injury muscle spasm. The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. As, such this request is not medically necessary.

Ultracet 37.5/325 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, (Effective July 18, 2009) Page(s): 12, 13, 83 and 113.

Decision rationale: As shared previously, this claimant was injured in 2007 now 8 years ago with neck and upper extremity pain. The diagnoses have included other and unspecified disc

disorder, cervical region. Nerve studies did not show radiculopathy only ulnar nerve involvement; decompression of labral repair and magnetic resonance imaging (MRI) showed rotator cuff strain of the left. The most significant pain medicine in this combination pill is the Tramadol component. Per the MTUS, Tramadol is an opiate analogue medication, not recommended as a first-line therapy. The MTUS based on Cochrane studies found very small pain improvements, and adverse events caused participants to discontinue the medicine. Most important, there are no long term studies to allow it to be recommended for use past six months. A long term use of is therefore not supported. The request is not medically necessary.