

Case Number:	CM15-0162101		
Date Assigned:	08/28/2015	Date of Injury:	08/09/2007
Decision Date:	09/30/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/18/2015

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 65 year old male, who sustained an industrial injury on 8-9-2007. The current diagnoses are cervical adjacent segment disease, cervical degenerative disc disease, chronic neck pain, status post-surgical fusion, cervical myofascial strain, cervical herniated nucleus pulposus, cervical spondylosis, and cervical facet arthropathy. According to the progress report dated 7-9-2015, the injured worker complains of ongoing neck, back, shoulder, and bilateral upper extremity pain. She reports radiation of pain down her right arm to the level of her wrist associated with weakness in her bilateral hands. She has more pain in the right arm which is where she had previous surgery. She reports neck pain with radiation into the distal shoulder. She states her neck is her most pain and reports spasm in her neck and back. She rates her pain 8 out of 10 on a subjective pain scale. The physical examination of the cervical spine reveals spasm of the right paraspinals (C3-C7) and right trapezius, tenderness to palpation over the paraspinal muscles, left greater than right, left trapezius, and facet joints, limited range of motion, positive facet loading, and diminished sensation to pinprick on the right. There is documentation of ongoing treatment with Omeprazole and opioid therapy since at least 1-12-2015. Treatment to date has included medication management, x-rays, physical therapy, MRI studies, electrodiagnostic testing, acupuncture, injection therapy, and surgical intervention. Work status was not described. A request for CM-1, Omeprazole, and Tramadol has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

CM-1 Gabapentin 10%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 of 127.

Decision rationale: This claimant was injured 8 years ago in 2007 with cervical adjacent segment disease, cervical degenerative disc disease, chronic neck pain, status post-surgical fusion, cervical myofascial strain, cervical herniated nucleus pulposus, cervical spondylosis, and cervical facet arthropathy. As of July, there was ongoing neck, back, shoulder, and bilateral upper extremity pain. There was documentation of ongoing treatment with Omeprazole and opioid therapy since at least 1-12-2015. Per the Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 111 of 127, the MTUS notes topical analgesic compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Experimental treatments should not be used for claimant medical care. MTUS notes they are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed, but in this case, it is not clear what primary medicines had been tried and failed. Also, there is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended, is not certifiable. This compounded medicine contains several medicines untested in the peer review literature for effectiveness of use topically. Moreover, the MTUS notes that the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. The provider did not describe each of the agents, and how they would be useful in this claimant's case for specific goals. The request is not medically necessary.

60 Omeprazole 20mg: Upheld

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

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

Decision rationale: As shared previously, this claimant was injured 8 years ago with cervical adjacent segment disease, cervical degenerative disc disease, chronic neck pain, status post-surgical fusion, cervical myofascial strain, cervical herniated nucleus pulposus, cervical spondylosis, and cervical facet arthropathy. As of July, there was still ongoing neck, back, shoulder, and bilateral upper extremity pain. There is documentation of ongoing treatment with Omeprazole and opioid therapy since at least 1-12-2015. The objective benefit out of the long term omeprazole usage is not delineated. There is no mention of gastrointestinal issues. 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.

90 Tramadol 50mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 12,13 83 and 113 of 127.

Decision rationale: As noted previously, this claimant was injured 8 years ago in 2007 with cervical adjacent segment disease, cervical degenerative disc disease, chronic neck pain, status post-surgical fusion, cervical myofascial strain, cervical herniated nucleus pulposus, cervical spondylosis, and cervical facet arthropathy. As of July, there was the ongoing neck, back, shoulder, and bilateral upper extremity pain. There is documentation of ongoing treatment with Omeprazole and opioid therapy since at least 1-12-2015. 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.