

Case Number:	CM15-0190197		
Date Assigned:	10/14/2015	Date of Injury:	02/13/2015
Decision Date:	12/18/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/28/2015

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: New York

Certification(s)/Specialty: Internal 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 47 year old female who sustained an industrial injury on 2-13-2015. A review of medical records indicates the injured worker is being treated for right rotator cuff impingement, right rotator cuff tear, right slap tear, question of right cervical radiculopathy versus question of right carpal tunnel syndrome, and myofascial pain syndrome. Medical records dated 7-9-2015 noted pain in the right shoulder that radiates into the right arm and occasional numbness and tingling sensation affecting the right hand. Review of systems noted positive reflux and pain in the cervical spine and right shoulder as well as numbness and tingling sensation affecting the right hand. Physical examination noted decreased range of motion to the right shoulder. There was tenderness in the right deltoid insertion point. There were muscle spasms in the right trapezius muscles. Treatment has included medical imaging, Tylenol, and 4 sessions of physical therapy. Utilization review form dated 9-16-2015 noncertified Naproxen, Omeprazole, Neurontin, and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg 1 tab by mouth twice a day, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the California MTUS chronic pain medical treatment guidelines, there are specific guidelines for use of non-steroidal anti-inflammatory drugs (NSAID). They are the traditional first line of treatment, to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. Also per the MTUS, NSAIDs are recommended for acute exacerbations of chronic pain, as a second-line treatment after acetaminophen. According to the documentation submitted, Naprosyn has been helping this injured worker. As the quantity has not been specified, the requested treatment: Naprosyn 550mg 1 tab by mouth twice a day is not medically necessary and appropriate.

Omeprazole 20mg 1 tab by mouth, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Injured worker is on NSAIDs. There is documentation indicating that this patient has GI symptoms. The medical necessity for Omeprazole has been established, however, as the quantity has not been specified, the requested treatment: Omeprazole 20mg is not medically necessary and appropriate.

Neurontin 600 three times a day, unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Gabapentin (Neurontin®).

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The records documented that this injured worker has neuropathic pain.

Neurontin has been part of her medical regimen. In this case, there has been documentation of pain relief. Based on the currently available information the medical necessity for this medication has been established, however, as the quantity has not been specified, the requested treatment: Neurontin 600 three times a day, unspecified quantity is not medically necessary and appropriate.

Flexeril 7.5mg, unspecified quantity (DOR 09/09/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records indicate this injured worker is having acute muscle spasms. Based on the currently available information the medical necessity for this muscle relaxant medication has been established, however, as the quantity has not been specified, the requested treatment: Flexeril 7.5mg is not medically necessary and appropriate.