

Case Number:	CM15-0190265		
Date Assigned:	10/02/2015	Date of Injury:	04/07/2011
Decision Date:	12/11/2015	UR Denial Date:	08/27/2015
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: Florida, New York, Pennsylvania
 Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 4-07-2011. The injured worker was diagnosed as having status post right shoulder surgery with recurrent pain, displacement of cervical intervertebral disc without myelopathy, other and unspecified disc disorder, lumbar region, right medial epicondylitis with ulnar neuropathy, right carpal tunnel syndrome, diabetes mellitus, and post-traumatic anxiety-depressive disorder. Treatment to date has included diagnostics, unspecified right shoulder surgery, acupuncture, and medications. On 8-05-2015, the injured worker complains of pain in her right shoulder with a burning sensation radiating to the right hand, bilateral wrist pain with radiation to her fingers with numbness and tingling, neck pain, and low back pain with radiation to her feet. She reported spasm and swelling, along with difficulty sleeping. She desired surgery to her right shoulder and bilateral wrists. She reported "pain to the pit of my stomach on taking medications and feeling nervous and pain". Pain was not rated. Objective findings noted tenderness to the bilateral volar carpal ligaments with positive Tinel's sign, "tenderness to the right AC and subacromial bursa, and biceps tendon, at L4-S1, C5-C7 and T11-T12 with decreased ROM" and tenderness to the epigastric region. Current medication regimen was not noted. The treatment plan included right shoulder and bilateral wrist surgery, "refill of medications and creams", pain management, and internal medicine for gastritis. Work status was total temporary disability. The PR2 reports dated 6-24-2015, 5-20-2015, and 4-15-2015 did not specify the injured worker's medication regimen and did not note gastrointestinal complaints. On 8-27-2015 Utilization

Review non-certified a request for Omeprazole 20mg #60, Cyclobenzaprine 7.5mg #60, and Naproxen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: 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: Injured workers DOI listed as 4/7/11. Report of interest from 8/5/15 indicated complaints of R shoulder pain radiating down the arm and bilateral wrist pain associated with numbness and tingling in the hands R>L. The member reported pain in the pit of her stomach after taking medications but her medication list and the specific medications associated with the discomfort are not elucidated in the note. MRI of the wrist, elbow and shoulder were unhelpful. The MRI of the cervical spine found only a minor broad based bulge at C3-4 that did not contact nerve roots, cause spinal stenosis or provide any foraminal outlet obstruction. EMG/NCV from 2/25/15 was reported as showing moderate bilateral median neuropathy. L ulnar neuropathy was noted with only a mild R ulnar neuropathy. No upper extremity denervation potentials were detected suggesting no support for a distal peripheral neuropathy. Of note the member's medical diagnoses include Diabetes. The medication history as presented is unclear as to what particular medications had been used and over what period of time and which may have been associated with the pain in the pit of her stomach. When attempting to determine the risk for gastrointestinal events the following risk factors should be taken into consideration: age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Patients with no risk factor and no cardiovascular disease would be considered safe to use a Non-selective NSAIDs such as Naprosyn. Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: A non-selective NSAID with either a PPI or a Cox-2 selective agent such as Celebrex. In this situation the patient does not reach the intermediate level and would not warrant the use of a PPI. If seriously concerned about the complaint of pain with taking medications ascertaining what sorts of medications would be important and if it was a non-selective NSAID then Celebrex may have been a better choice than Naprosyn to both minimize symptoms, simplify the patients medication regimen as well as lower her overall cost of medications and risk of additional side effects related to long term PPI use. However it would appear that an NSAID would not be an appropriate choice for this patients neuropathic pain management. In sum the PPI is unnecessary and the UR Non-Cert is supported. The request is not medically necessary.

Cyclobenzaprine 7.5mg #60: 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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: Injured workers DOI listed as 4/7/11. Report of interest from 8/5/15 indicated complaints of R shoulder pain radiating down the arm and bilateral wrist pain associated with numbness and tingling in the hands R>L. The member reported pain in the pit of her stomach after taking medications but her medication list and the specific medications associated with the discomfort are not elucidated in the note. MRI of the wrist, elbow and shoulder were unhelpful. The MRI of the cervical spine found only a minor broad based bulge at C3-4 that did not contact nerve roots, cause spinal stenosis or provide any foraminal outlet obstruction. EMG/NCV from 2/25/15 was reported as showing moderate bilateral median neuropathy. L ulnar neuropathy was noted with only a mild R ulnar neuropathy. No upper extremity denervation potentials were detected suggesting no support for a distal peripheral neuropathy. Of note the member's medical diagnoses include Diabetes. The medication history as presented is unclear as to what particular medications had been used and over what period of time and which may have been associated with the pain in the pit of her stomach. The general class of agents used as muscle relaxants are generally recommended for short term use only and with caution due to side effects as second line agents for patients with exacerbations of back pain. There is no evidence that they will show a benefit beyond that of NSAID's or that there is any additional benefit in combination with NSAID's. Efficacy appears to diminish with time and maximal benefit appears to decline after approximately 4 days. Sedation is the most common class effect and needs to be considered in those having to drive or operate heavy equipment. Reports indicated that the member remained temporarily totally disabled. There is no mention of any functional improvement. Based on the short-term indications for use of this class of agent and failure to show objective evidence for improved function use of Flexeril cannot be supported. The UR Non-Cert is supported. The request is not medically necessary.

Naproxen 500mg #60: 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), Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Injured workers DOI listed as 4/7/11. Report of interest from 8/5/15 indicated complaints of R shoulder pain radiating down the arm and bilateral wrist pain associated with numbness and tingling in the hands R>L. The member reported pain in the pit of her stomach after taking medications but her medication list and the specific medications associated with the discomfort are not elucidated in the note. MRI of the wrist, elbow and shoulder were unhelpful. The MRI of the cervical spine found only a minor broad based bulge at C3-4 that did not contact nerve roots, cause spinal stenosis or provide any foraminal outlet

obstruction. EMG/NCV from 2/25/15 was reported as showing moderate bilateral median neuropathy. L ulnar neuropathy was noted with only a mild R ulnar neuropathy. No upper extremity denervation potentials were detected suggesting no support for a distal peripheral neuropathy. Of note the member's medical diagnoses include Diabetes. The medication history as presented is unclear as to what particular medications had been used and over what period of time and which may have been associated with the pain in the pit of her stomach. Anti-inflammatories 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. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) with neuropathic pain. This condition did not appear to show classic signs of inflammation with heat, swelling and erythema but per the EMG/NCV a neuropathic source for pain. Considering the members history of diabetes and neurologic findings the Anti-Epileptic Drug (AED) family of interventions would be recommended for neuropathic pain (due to nerve damage). Gabapentin, an AED, has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this situation it should prove to be a more appropriate approach especially considering the complaints of pain in the pit of her stomach when taking medications. The UR Non-Cert is supported. The request is not medically necessary.