

Case Number:	CM15-0192386		
Date Assigned:	10/06/2015	Date of Injury:	12/17/2011
Decision Date:	12/15/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/30/2015

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 42 year old female, who sustained an industrial injury on 12-17-2011. The injured worker was diagnosed as having discogenic cervical condition, left shoulder impingement, and element of sleep disorder. Treatment to date has included diagnostics, left shoulder decompression surgery in 2012, "one injection", physical therapy, transcutaneous electrical nerve stimulation unit, and medications. On 9-10-2015, the injured worker complains of unspecified symptoms in her neck and left shoulder, not rated. Headaches and-or gastrointestinal complaints were not described. The treating physician documented that this provider did personally not see her for a year. Her work status was permanent and stationary and she was working. She reported "still having quite a bit of problem with regard to her shoulder and would like an injection". She was limiting chores and lifting to a total of 25-30 pounds with both upper extremities. Objective findings noted tenderness along the rotator cuff with mild findings of impingement, "satisfactory" motion, grade 5- strength to restricted function, and tenderness along the cervical spine and shoulder girdle musculature as well. The treating physician documented that magnetic resonance imaging showed "two-level disc disease at C5-C6 and C6- C7", associated with this, "the patient has significant headaches and shoulder girdle involvement". She received a steroid injection to the left subacromial space. X-rays of the left shoulder were documented to show "type 3 acromion or calcific lesion at this point". It was noted that liver and kidney function testing was performed on a yearly basis "by regular doctor". Utilization Review denials-authorizations as far back as 12-2014 were referenced, although an actual current medication regimen was not documented. Failed medications and-or side effects

were not noted. It was documented that she will receive Nalfon and Protonix, and prescription for Norco. The Request for Authorization included urine toxicology and Naproxen. In addition, the Request for Authorization included Aciphex 20mg #30, Ultracet 37.5mg #60, Norflex ER 100mg #60, and Maxalt 10mg #12, non-certified by Utilization Review on 9-21-2015.

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 Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: As per CA MTUS guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal (GI) risk factors should be determined. MTUS makes the following recommendations regarding increased gastrointestinal event risk: "Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a proton-pump inhibitor (PPI) if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI." As per ODG, PPI's are recommended for patients at risk for GI events and should be used at the lowest dose for the shortest possible amount of time. The risks of long-term PPI use must be weighed against the risks including the potential for cardiovascular events. Aciphex should be used as a second-line therapy. There is no explanation as to whether the injured worker had attempted and failed a first line proton-pump inhibitor and no documentation as to whether Aciphex was effective at treating the injured worker's symptoms. There is no mention of ongoing GI complaints. The requested treatment: AcipHex 20 MG Qty 30 is not medically necessary or appropriate.

Ultracet 37.5 MG Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity

for the requested medication has not been established. The requested treatment Ultracet is not medically necessary.

Norflex ER 100 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Muscle relaxants.

Decision rationale: According to the reviewed literature, Norflex 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 non-steroidal anti-inflammatory medications alone. In this case, the available records are not clear if the injured worker has shown a documented benefit or any functional improvement from prior Norflex use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment: Norflex ER 100 MG Qty 60 is not medically necessary.

Maxalt 10 MG Qty 12: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter-- Rizatriptan (Maxalt®).

Decision rationale: As per Official Disability Guidelines (ODG) Maxalt is a triptan drug, recommended for migraine headaches. Meta-analyses of double-blind placebo-controlled studies have confirmed the superior efficacy of rizatriptan. (Gbel, 2010) While the Maxalt brand of rizatriptan therapy is more expensive than other triptans, savings can be expected in reduced migraine-related loss of work productivity compared with less effective treatments. Within the submitted medical records, there is no clear documentation that this injured worker has migraine headaches. The requested treatment: Maxalt 10 MG Qty 12 is not medically necessary.