

Case Number:	CM15-0198475		
Date Assigned:	10/13/2015	Date of Injury:	11/10/2009
Decision Date:	12/17/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/08/2015

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: Washington, 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 50 year old female who sustained an industrial injury on November 10, 2009. Her diagnoses have included carpal tunnel syndrome; chronic pain, and cervical disc displacement without myelopathy. Comorbid conditions includes gastroesophageal reflux disease (GERD). Previous treatment included activity modification, surgery (spinal fusion February 14, 2012), medication, acupuncture, physical therapy, home exercise program, facet injection, cervical epidural injection, and a functional restoration program. Provider progress notes, dated September 09, 2015, reported subjective complaint of chronic neck, back and upper right extremity pain. She continued to report that the buprenorphine was helpful to reduce pain and increase function. She continued to have headaches and poor concentration but denied any gastrointestinal symptoms or mental health symptoms. Current medications included Cymbalta, Protonix, Imitrex, Flexeril, Topamax, and buprenorphine. Exam noted normal mental status exam, normal gait, tenderness at the lumbosacral junction, decreased lumbar range of motion, normal straight leg raise, and normal motor and sensory exams. A request was made for medication refill. Utilization Review non-certified this request on September 16, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Cyclobenzaprine 5 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on cyclobenzaprine therapy for over one month. There is no documentation of signs or symptoms of muscle spasms nor documentation of the effectiveness of continuous regular use of this medication. The medication instructions to the patient are not for intermittent use or for exacerbations of muscle spasms. Medical necessity for the continued use of this medication has not been established. The request is not medically necessary.

60 capsules of Cymbalta 30 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009, Section(s): SNRIs (serotonin noradrenaline reuptake inhibitors).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antidepressants for chronic pain, Duloxetine (Cymbalta).

Decision rationale: Cymbalta (duloxetine) is a serotonin-norepinephrine reuptake inhibitor (SNRI) indicated for the treatment of major depressive disorder, generalized anxiety disorder (GAD), fibromyalgia and neuropathic pain. The MTUS recommends tricyclic and SNRI antidepressants as a first line option for control of neuropathic pain and tricyclics as a possibility for treatment of non-neuropathic pain. Studies have shown that pain relief from Cymbalta is greater in patients with comorbid depression. Cymbalta is not indicated to treat non-neuropathic pain. This patient medical records do not document on-going neuropathic pain nor signs or symptoms of depression. Use of Cymbalta in this situation is not indicated, however, weaning of this medication is recommended before discontinuation. Medical necessity for continued use of this medication has not been established. The request is not medically necessary.

9 tablets of Sumatriptan Succinate (Imitrex) 25 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Orange book.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head/Migraine pharmaceutical treatment.

Decision rationale: Imitrex (sumatriptan) is a neuro-active alkaloid indicated in the treatment of migraine headaches. The MTUS does not comment in its use but the Official Disability Guidelines (ODG) recommend its use in treating migraine headaches. There is no documentation in the patient's medical records available for review that the patient has been diagnosed with migraine headaches. Medical necessity for continued use of this medication has not been established. The request is not medically necessary.

60 tablets of Pantoprazole (Protonix) 20 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chronic Proton pump inhibitors (PPIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)/Proton pump inhibitors (PPIs).

Decision rationale: Pantoprazole (Protonix) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease (GERD), laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to long-term use of non-steroidal anti-inflammatory drugs (NSAIDs). The Official Disability Guidelines (ODG) recommends use of proton pump inhibitors for patients at risk for gastrointestinal events. Even though dyspepsia is also a known side effect of opioid medications neither the MTUS nor the ODG addresses use of medications to prevent or treat dyspepsia caused by long-term use of opioids. Although this patient is presently asymptomatic, she has a history of gastroesophageal reflux disease (GERD) and is on chronic opioid therapy. It is reasonable to consider use of this medication as a continued therapeutic option. Medical necessity for use of this medication has been established. The request is medically necessary.