

Case Number:	CM15-0202075		
Date Assigned:	10/19/2015	Date of Injury:	01/12/2002
Decision Date:	12/23/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/14/2015

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: Tennessee, Florida, Ohio
Certification(s)/Specialty: Surgery, Surgical Critical Care

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 52 year old female who reported an industrial injury on 1-12-2002. Her diagnoses, and or impressions, were noted to include: sprain-strain of left shoulder rotator cuff with osteoarthritis-hemarthrosis, status-post left shoulder arthroscopy with decompression and Mumford procedure (9-21-11); lumbar sprain-strain with inter-vertebral degenerative disc disease and disc bulge, annular tear, and mild facet arthritis; trochanteric bursitis; neuralgia-neuritis-radiculitis; and chronic pain syndrome. No current imaging studies were noted; magnetic resonance imaging of the lumbar spine were said to be done on 7-1-2014 & 7-25-2013; and electrodiagnostic studies of the lower extremities on 2-26-2015, said to be within normal limits. Her treatments were noted to include: an orthopedic joint panel qualified medical evaluation on 5-28-2014; psychological evaluation and treatment; left shoulder surgery x 3; medication management; and rest from work. The progress notes of 9-21-2015 reported: chronic shoulder and back pain; the continuation of her medications and psych medications; problems sleeping due to mind racing; another work injury in 2003, with a re-injury of her shoulder in 2011; and that her medications were controlling both her physical and emotional symptoms. The objective findings were noted to include: a depressed affect; tenderness of the head at the sub-occipital area with "ok" neck range-of-motion; tenderness in the lumbar area; decreased motor on the left related to pain, with give-way nature; decreased sensation left arm, > right, with decreased lumbar 4-5; a slow gait; and decreased left patellar with absent Achilles reflexes. The physician's requests for treatment were noted to include. The Request for Authorization, dated 10-7-2015, was noted to include: Flexeril 10 mg daily, #30; Gabapentin 300 mg 3 x a day, #90;

Omeprazole 20 mg, daily, #30; and Tylenol #4 1 every 8 hours as needed, #90, for left shoulder pain, chronic pain, depression, and acute low back pain. The Utilization Review of 10-7-2015 non-certified the request for: Flexeril 10 mg, #30 with 1 refill; Gabapentin 300 mg, #90 with 1 refill; Omeprazole 20 mg, #30 with 1 refill; and Tylenol #4, #90 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol #4 60mg #90 with 1 refill: 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.

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Tylenol #4 is not medically necessary.

Gabapentin 300mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. MTUS Chronic Pain Guidelines note Gabapentin is an anti-epilepsy drug (AEDs -also referred to as anti-convulsants), which 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. The Guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The Guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Within the provided documentation

it did not appear the patient had a diagnosis of diabetic painful neuropathy or postherpetic neuralgia to demonstrate the patient's need for the medication at this time. Additionally, the requesting physician did not include adequate documentation of objective functional improvements with the medication or decreased pain from use of the medication in order to demonstrate the efficacy of the medication. Therefore, based on the submitted medical documentation, the request for Neurontin is not medically necessary.

Flexeril 10mg #30 with 1 refill: 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): Cyclobenzaprine (Flexeril).

Decision rationale: There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been diagnosed with chronic back pain of the cervical and upper spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine is not medically necessary.

Omeprazole 20mg #30 with 1 refill: 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: There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that he has GERD. Furthermore, the patient has no documentation of why chronic PPI therapy is necessary. The patient has not been documented to have GERD that is not documented to be refractory to H2 blocker therapy and he has no records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for omeprazole prescription is not medically necessary.