MAXIMUS Federal Services

Case Number:	CM15-0031287		
Date Assigned:	02/24/2015	Date of Injury:	09/08/1988
Decision Date:	04/21/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/19/2015

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: California, Washington
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 64-year-old male who reported an injury on 09/08/1988. The mechanism of injury was not specifically stated. The current diagnoses include cervical herniated disc, lumbosacral herniated disc, and right shoulder rotator cuff syndrome. The latest physician's progress report submitted for review was documented on 08/05/2014. The injury presented for a follow-up evaluation with complaints of persistent cervical spine pain with radiation into the bilateral upper extremities causing numbness and tingling. The injured worker also reported lower leg weakness. Upon examination, there was tenderness to palpation over the cervical paraspinal muscles with decreased range of motion, positive Spurling's maneuver, positive Hoffman's sign, and bilateral upper trapezius tenderness. Examination of the lumbar spine also revealed tenderness to palpation with diminished range of motion. The injured worker was instructed to continue with the current medication regimen. Acupuncture twice per week for 6 weeks was also recommended at that time. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as nonsedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. According to the documentation provided, the injured worker has continuously utilized cyclobenzaprine 7.5 mg since at least 04/2013. The guidelines would not support long-term use of muscle relaxants. There was also no frequency listed in the request. As such, the request is not medically necessary at this time.

Paxil 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

Decision rationale: The California MTUS Guidelines state SSRIs are not recommended as at right for chronic pain, but may have a role in treating secondary depression. In this case, the injured worker does not maintain a diagnosis of depression. The medical necessity for the requested medication has not been established in this case. Additionally, it was noted that the injured worker has utilized the above medication since 04/2013. There was no mention of functional improvement despite the ongoing use of this medication. There was also no frequency listed in the request. As such, the request is not medically necessary.

Ultram ER 150mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, it was noted that the injured worker has utilized the above medication since at least 04/2013. There was no documentation of objective functional improvement. There was no mention of a written consent or agreement for chronic use of an opioid. There was also no frequency listed in the request. As such, the request is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There was also no frequency listed in the request. As such, the request is not medically necessary.