

Case Number:	CM15-0036629		
Date Assigned:	03/05/2015	Date of Injury:	08/25/1998
Decision Date:	04/21/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/26/2015

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female who reported injury on 08/25/1998. The mechanism of injury was cumulative trauma. There was a Request for Authorization submitted for review dated 01/27/2015. The documentation of 01/21/2015 revealed the injured worker had neck pain radiating from the back down both arms. The injured worker was noted to have taken Tylenol over the counter and Lorzone. The other medications were not approved. The injured worker indicated with these medications only, the injured worker had 8/10 to 9/10 pain, and with all medications the injured worker had 6/10 pain. The injured worker indicated the pain was worse on this visit and the level of sleep had decreased due to the difficulty falling asleep due to pain. The injured worker reported significant improvement after the cervical epidural steroid injection, however was experiencing a flare-up with cold weather. The medications were noted to include Protonix 40 mg 1 daily, Celebrex 200 mg 1 daily, Neurontin 800 mg 1 tablet 4 times per day, Lidoderm patches 1 patch daily, Lorzone 750 mg tablet 1 twice a day for muscle spasms, Lunesta 3 mg 1 at bedtime for insomnia, Zomig 5 mg 1 to 2 daily, Butrans 10 mcg/hr 1 every 7 days, and Pristiq 100 mg 1 daily. Additionally, the injured worker was utilizing Ativan 1 mg tablets. The surgical history included thoracic outlet surgery on the right in 09/2005. The injured worker was noted to have multiple cervical epidural steroid injections and stellate ganglion block. The injured worker was noted to have an emergence of discectomy and laminectomy of the lumbar spine. The diagnostic studies included an MRI of the cervical spine, thoracic spine and an EMG/NCS. The diagnoses included right thoracic outlet syndrome status post rib resection with anterior and middle scalene resection and sympathectomy, reflex

sympathetic dystrophy, left thoracic outlet syndrome, bilateral mild carpal tunnel syndrome, bilateral chronic medial and lateral epicondylitis, depression, anxiety, and insomnia. Physical examination revealed decreased range of motion of the lumbar spine. The injured worker had paravertebral muscle spasms, tenderness, and tight muscle bands and trigger points. The injured worker had a positive Phalen's and Tinel's in the bilateral wrists. The examination of the right elbow revealed tenderness to palpation over the lateral epicondyle. The Tinel's was positive. The documentation indicated the injured worker had Botox injections. The injured worker had undergone physical therapy. The medications included Zomig, which was noted to be effective when the injured worker had severe headaches, and the injured worker indicated she needed 6 tablets. The injured worker was to continue Lorzone 1 to 2 daily as needed for spasms, continued Butrans 10 mcg/hr, continue Neurontin for neuropathic pain as it was noted to help, continue Lunesta for sleep, and continue Protonix for heart burn secondary to pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lorzone tablets 750mg, 30 day supply, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There is a lack of documentation of objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lorzone tablets 750mg, 30-day supply, #60 is not medically necessary.

Eszopiclone tablets 3mg, 30 day supply, #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Eszopiclone.

Decision rationale: The Official Disability Guidelines indicate that Eszopiclone is recommended for the short-term relief of insomnia. It is recommended for up to 10 days. The clinical documentation submitted for review indicated the injured worker had previously utilized the medication. However, there was a lack of documentation indicating the efficacy. The

request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Eszopiclone tablets 3mg, 30-day supply, #30 is not medically necessary.

Zolmitriptan tablets 5mg, 3 day supply, #6: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Triptans.

Decision rationale: The Official Disability Guidelines indicate that triptans are recommended for migraine headaches. The clinical documentation submitted for review indicated the injured worker had utilized the medication. However, there was a lack of documentation of efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Zolmitriptan tablets 5mg, 3-day supply, #6 is not medically necessary.

Gabapentin tablets 800mg, 30 day supply, #120 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend antiepilepsy medications as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30% to 50% and objective functional improvement. The clinical documentation submitted for review indicated the injured worker had objective pain relief with the medication. However, there was a lack of documentation indicating the injured worker had objective functional benefit. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, the request for Gabapentin tablets 800mg, 30-day supply, #120 with 3 refills is not medically necessary.

Pantoprazole tablets 40mg, 30 day supply, #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had dyspepsia secondary to NSAID therapy. There was a lack of documented efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. Given the above, and the lack of documentation, the request for Pantoprazole tablets 40mg, 30-day supply, #30 with 3 refills is not medically necessary.