

<b>Case Number:</b>	CM15-0055382		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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

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 52-year-old male who reported an injury on 06/14/2010. The mechanism of injury was stated as a fall with a diagnosis of mild carpal tunnel syndrome as well as a left wrist sprain/strain. He had also been treated for additional symptoms related to her neck, left shoulder, left elbow, left wrist and left hand pain. He also reported persistent neck pain with muscle spasms and described them as sharp, shooting pains with associated numbness in the shoulders. He was assessed on 02/11/2015 with objective findings of tenderness along the cervical paraspinal muscles and pain along the left shoulder, rotator cuff and biceps tendon. There was mild tenderness along the posterior capsule with abduction no more than 90 degrees. It was noted that the injured worker had a past medical history significant for hypertension and borderline diabetes. He also had issues with sleep, stress and depression and was noted to have a weak grip on assessment in 11/2014. Diagnostic studies included negative EMG and an MRI of the brain which was negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines indicate that the use of Prilosec is commonly for injured workers who are at intermediate risk for gastrointestinal events and no cardiovascular disease. The most recent clinical documentation did not provide information pertaining to how the injured worker necessitated the use of a proton pump inhibitor. There was no mention of any GI upset with the use of other medications or as a standalone diagnosis or issue. Although the claimant did identify the injured worker as utilizing multiple medications for treatment of his symptoms, there was no indication that he necessitated the use of Prilosec in addition to his other medications. After review of the clinical documentation, and in reference to the medical guidelines, the requested service cannot be supported without documentation of the medical necessity for the use of a proton pump inhibitor. Therefore, the medical necessity for the Prilosec has not been established and the request is not medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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

**Decision rationale:** According to the California MTUS Guidelines, naproxen is a nonsteroidal anti-inflammatory medication commonly utilized to treat symptoms of osteoarthritis. In the case of the injured worker, the most recent clinical documentation did not provide a quantitative level of pain identified with the use of his medications and in reference to a specific area of the body. There was no documentation of a diagnosis of osteoarthritis or of how the use of this medication in the past had significantly decreased symptoms and improved his functionality. Therefore, after review of the clinical documentation and in reference to the medical guidelines, continued use of naproxen cannot be supported without identification of effective results. As such, the medical necessity has not been established and the request is not medically necessary.

**Neurontin 600mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 49.

**Decision rationale:** According to the California MTUS Guidelines, although this medication is used to treat neuropathic pain, the most recent clinical documentation did not identify

quantitative level of pain regarding the injured worker's various sites of complaints. He had been utilizing this medication prior to 02/11/2015 with no indication as to how it had significantly reduced his pain level and improved his overall functionality. He had a minimal assessment performed on this date with no reference as to how the ongoing use of Neurontin would benefit him in his quality of life by reducing his symptoms and allowing him to function at a higher level. Therefore, without having appropriate documentation of significant pain levels or how this medication had been effective, the medical necessity has not been established and the request is not medically necessary.

**Flexeril 10mg #60: 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), Treatment Index, 11th Edition (web), 2014, Pain, Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to the California MTUS Guidelines, Flexeril is supported for a short course of use to treat muscle spasticity. Although the injured worker had utilized muscle relaxants in the past, the most recent clinical documentation did not identify any significant muscle spasticity to warrant the ongoing use of this medication. Additionally, without having sufficient identification that this muscle relaxant had been effective in reducing his symptoms and improving his overall functionality, ongoing use cannot be supported. Lastly, because long term use is not warranted or suggested as the effect is greatest within the first 4 days of treatment, the medical necessity of cyclobenzaprine has not been established and the request is not medically necessary.

**Tramadol ER 300mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** According to the California MTUS Guidelines, this medication is utilized to decrease pain intensity and improve symptom relief. However, the most recent clinical documentation did not identify the injured worker as having a significant reduction in symptoms with the use of this medication to warrant ongoing use. Long term use of opioids is not recommended and physicians must follow the "4 A's" for continued use. There is no current urine drug screen provided for review, no current pill count, and no signed pain contract on file identified to warrant the request at this time. Additionally, without having a comprehensive physical examination identified noting an increase in pain or identification of significant decrease in symptoms with the use of this medication, the request for tramadol cannot be

supported. Therefore, after review of the clinical documentation and reference to the medical guidelines, the requested service is not medically necessary.