

Case Number:	CM15-0055470		
Date Assigned:	03/30/2015	Date of Injury:	03/19/2001
Decision Date:	05/14/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	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, 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 51-year-old female who reported an injury on 03/19/2001. The mechanism of injury was not provided. Her diagnoses include cervicogenic headaches, lumbago, myofascial syndrome, cervicogenic headaches, and reactive depression and anxiety. Past treatments were noted to include medications and spinal cord stimulator implantation. On 03/09/2015, it was noted the injured worker had complaints of postsurgical pain following the permanent implantation of a Medtronic spinal cord stimulator. She rated her pain 5/10 to 6/10. She also had complaints of cervicogenic headaches as well as significant muscle spasms. She also reported sleep issues and depression secondary to chronic pain. She indicated that the Restoril improved her sleep and allowed her to get 5 to 6 hours of sleep a night as opposed to waking up every 1 to 2 hours. Upon physical examination, it was noted the injured worker had tenderness over both incision sites and neck and occipital area. Additionally, it was noted the injured worker had sensory deficits as well as muscle weakness to the upper extremities. Medications were noted to include Nucynta, AcipHex, Flexeril, Paxil, Terocin patch, and Restoril. A request was received for AcipHex 20mg #60, Flexeril 10mg, Paxil 10mg #30, and Restoril 15mg #60 for stomach issues, muscle spasms, mood, and sleep, respectively. A Request for Authorization was signed 03/31/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

AcipHex 20mg #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), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: According to the California MTUS Guidelines, proton pump inhibitors such as AcipHex are recommended for those with a history of, or are at risk for, gastrointestinal events. The clinical documentation submitted for review did not indicate the injured worker had stomach issues, and efficacy was not documented. Consequently, the request is not supported. Moreover, the request did not specify duration and frequency of use. As such, the request for AcipHex 20mg #60 is not medically necessary.

Flexeril 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

Decision rationale: According to the California MTUS Guidelines, Flexeril is indicated for muscle spasms and not to exceed the use of 3 weeks. The clinical documentation submitted for review indicated that the injured worker had "very significant muscle spasms." However, the clinical documentation submitted for review did not indicate the efficacy of the use of this medication in terms of decreased spasms, functional improvement, and pain relief. Consequently, the request is not supported. Additionally, it was not noted how long the injured worker had been on this medication. Moreover, the request did not specify duration and frequency of use. As such, the request for Flexeril 10mg is not medically necessary.

Paxil 10mg #30: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: According to the California MTUS Guidelines, treatment efficacy of antidepressants should include pain outcomes, functional improvement, changes in use of other analgesics, sleep quality and duration, psychological assessment, and side effects. The clinical documentation submitted for review did not indicate efficacy of the use of this medication.

Consequently, the request is not supported. Moreover, the request did not specify duration and frequency of use. As such, the request for Paxil 10mg #30 is not medically necessary.

Restoril 15mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the California MTUS Guidelines, benzodiazepines such as Restoril are not recommended for more than 4 weeks. The clinical documentation submitted for review indicated the injured worker was able to sleep longer with the use of Restoril. However, it was not indicated how long the injured worker had been on this medication. Consequently, the request is not supported. Moreover, the request did not specify duration and frequency of use. As such, the request for Restoril 15mg #60 is not medically necessary.