

Case Number:	CM15-0057322		
Date Assigned:	04/02/2015	Date of Injury:	04/05/2009
Decision Date:	05/15/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/25/2015

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: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 42-year-old female who reported an injury on 04/05/2009. The mechanism of injury was not provided. She was diagnosed with brachial plexus disorder. Her past treatments were noted to include medications and activity modifications. On 02/02/2015, the injured worker reported neck pain. On physical examination of the cervical spine, she was noted to have tenderness and decreased range of motion. She also had 2+ muscle spasm noted over upper trapezius muscles on both sides. Her current medications were noted to include cyclobenzaprine 10 mg, duloxetine 30 mg, gabapentin 300 mg, lidocaine 5% topical ointment, omeprazole 20 mg, orphenadrine citrate ER 100 mg, tramadol 50 mg, Vimovo 500 mg, and Voltaren gel 1%. The treatment plan included medications; however, the rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Voltaren gel 1% 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

Decision rationale: The California MTUS guidelines recommend the use of topical NSAIDs for patients with osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. The clinical documentation submitted for review indicated the injured worker has been on Voltaren gel since at least 12/2014, which surpasses the recommended short term use. Additionally, there was no evidence that the injured worker was diagnosed with osteoarthritis. Furthermore, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Vimovo 500/20mg #60 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The California MTUS guidelines recommend the use of NSAIDs for patients with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In patients with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. Additionally, the guidelines recommend the use of a proton pump inhibitor for patients at intermediate risk for gastrointestinal events with no cardiovascular disease and patients at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note patients at risk for gastrointestinal events include patients over 65 years of age, patients with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The requested medication contains a combination of omeprazole and naproxen. According to the clinical documentation, the injured worker has been on the requested medication since at least 12/2014. The clinical documentation submitted for review does not provide evidence of a gastrointestinal event. Additionally, there was no evidence that the injured worker was diagnosed with osteoarthritis. Furthermore, there was no documentation of functional improvement and decreased pain with use of the medication. Moreover, the request as submitted does not provide a frequency of the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Omeprazole 20mg #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The California MTUS guidelines recommend the use of a proton pump inhibitor for patients at intermediate risk for gastrointestinal events with no cardiovascular disease and patients at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note patients at risk for gastrointestinal events include patients over 65 years of age, patients with a history of peptic ulcer, GI bleeding or perforation, with concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). According to the clinical documentation, the injured worker has been on the requested medication since at least 12/2014. The clinical documentation submitted for review does not provide evidence of a gastrointestinal event reported by the injured worker. Furthermore, the efficacy of the medication was not provided. Moreover, the frequency of the medication was not provided. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Orphenadrine Citrate ER 100mg #60 with 5 refills: Upheld

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

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

Decision rationale: The California 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 low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. There was evidence of spasm on physical examination; however, it was noted that the injured worker has been on the requested medication since 12/2014, which surpasses the short term treatment per the guidelines. Additionally, the request as submitted does not provide a frequency for the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.

Tramadol 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use and side effects. According to the clinical documentation, the injured worker has been on the requested medication since at least 12/2014. The clinical documentation submitted for review does not provide evidence of quantifiable pain scale with and without medication use. Additionally, there was no evidence of increased function with use of the medication. Furthermore, there was no evidence of a consistent urine drug screen, verifying appropriate medication use. Given the above information, the request is not medically necessary.

Duloxetine 30mg #60 with 5 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 Antidepressants for chronic pain Page(s): 13-16.

Decision rationale: The California MTUS Guidelines recommend Cymbalta as a first line treatment option neuropathic pain. Additionally, the guidelines state an assessment of treatment efficacy should include pain outcomes, changes in use of other analgesic medications, evaluation of function, sleep quality and duration, and psychological assessment. The clinical documentation submitted for review indicated the injured worker has been on the requested medication since 12/2014. The clinical documentation submitted for review did not provide evidence of quantifiable pain scale with and without medication use. Additionally, there was a lack of evaluation in regard to her function with or without the medication. There was no mention of how the injured worker was sleeping and duration of sleep. Furthermore, there was no documentation that the injured worker had a psychological assessment. The frequency of the medication was not provided. In the absence of this documentation, the continued use of the medication would not be supported. As such, the request is not medically necessary.

Gabapentin 300mg #30 with 5 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 Antiepilepsy drugs (AEDs) Page(s): 16-18.

Decision rationale: The California MTUS guidelines note Gabapentin is an anti-epilepsy drug, which has been shown to be effective for the 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. The clinical documentation indicated the injured worker has been on the requested medication since at least 12/2014. The clinical documentation does indicate that the injured worker has neuropathic pain; however, there was no documentation of pain relief and indicated increased function to perform activities of daily living with use of the medication. Furthermore, the request as submitted does not provide a frequency of the medication. Given the above information, the request is not supported by the guidelines. As such, the request is not medically necessary.