

Case Number:	CM15-0059000		
Date Assigned:	04/03/2015	Date of Injury:	06/25/2007
Decision Date:	05/11/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/27/2015

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 58-year-old female, who sustained an industrial injury on 06/25/2007. She has reported injury to the neck and left shoulder. The diagnoses have included cervicalgia; cervical spinal stenosis; status post anterior cervical discectomy and fusion with hardware removal; and shoulder sprain and strain. Treatment to date has included medications, diagnostic studies, ice, injection, and surgical intervention. Medications have included Norco, Zanaflex, Naprosyn, and Protonix. A progress note from the treating physician, dated 03/05/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsened constant pain in the neck and left shoulder with limited range of motion; and cervical pain with increase in activity. Objective findings have included limited range of motion of the cervical spine; left shoulder with tender trigger points, spasm, and decreased range of motion. The treatment plan has included the request for Metocarbamol 750 mg #30; Pantoprazole Sodium 20 mg #30; and Hydrocodone-Acetaminophen 5/325 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Metocarbamol 750mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

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

Decision rationale: The patient presents with worsened constant pain in the neck and left shoulder with limited range of motion; and cervical pain with increase in activity. The request is for METHOCARBAMOL 750MG #30. There is no RFA provided and the patient's date of injury is 06/25/07. The patient has a diagnoses of cervicalgia; cervical spinal stenosis; status post anterior cervical discectomy and fusion with hardware removal; and shoulder sprain and strain. The patient's medications include Norco, Robaxin, Naprosyn and Protonix. The patient is temporarily very disabled. MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. The request IS / IS NOT medically necessary. In this case, the patient has been taking Robaxin at least since 11/08/14. MTUS Guidelines recommend non-sedating muscle relaxants for short-term use. Robaxin has sedating properties, which does not appear to be in accordance with MTUS Guidelines. The patient has been utilizing this medication on a long-term basis. Therefore, the requested Methocarbamol IS NOT medically necessary.

Pantoprazole Sodium 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with worsened constant pain in the neck and left shoulder with limited range of motion; and cervical pain with increase in activity. The request is for PANTOPRAZOLE SODIUM 20MG #30. There is no RFA provided and the patient's date of injury is 06/25/07. The patient has a diagnoses of cervicalgia; cervical spinal stenosis; status post anterior cervical discectomy and fusion with hardware removal; and shoulder sprain and strain. The patient's medications include Norco, Robaxin, Naprosyn and Protonix. The patient is temporarily very disabled. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk,; Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Regarding Protonix, or a proton pump inhibitor, MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present such as age greater 65; concurrent use of anticoagulants, ASA or high dose of NSAIDs; history of PUD, gastritis, etc. This medication also can be used for GI issues such as GERD, PUD or gastritis. Treater has not provided a reason for the request. Pantoprazole has been prescribed to the patient at least since 08/07/14. As of 11/08/14, the patient is taking Norco, Robaxin and Naprosyn. The treater does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by guidelines

without GI risk assessment. Given the lack of rationale for its use, the requested Pantoprazole IS NOT medically necessary.

Hydrocodone - Acetaminophen 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with worsened constant pain in the neck and left shoulder with limited range of motion; and cervical pain with increase in activity. The request is for HYDROCODONE-ACETAMINOPHEN 5/325MG #30. There is no RFA provided and the patient's date of injury is 06/25/07. The patient has a diagnoses of cervicalgia; cervical spinal stenosis; status post anterior cervical discectomy and fusion with hardware removal; and shoulder sprain and strain. The patient's medications include Norco, Robaxin, Naprosyn and Protonix. The patient is temporarily very disabled. MTUS Guidelines pages 88 and 89 state, "Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." Treater has not provided a reason for the request. Per provided medical reports, Norco has been prescribed to the patient at least since 08/07/14. The use of opiates require detailed documentation regarding pain and function as required by MTUS. There are no pain scales or validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, CURES etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request for Norco IS NOT medically necessary.