MAXIMUS Federal Services

Case Number:	CM15-0086647		
Date Assigned:	05/08/2015	Date of Injury:	03/13/2012
Decision Date:	06/16/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/05/2015

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, Hawaii
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 (IW) is a 63 year old female who sustained an industrial injury on 03/13/2012. She reported neck pain and headaches. The injured worker was diagnosed as having an injury to the neck, right shoulder, right rib, carpal tunnel syndrome on the right and low back. Treatment to date has included a C4-5, C5-6, C6-7 anterior cervical fusion, and status post right shoulder surgery. Currently, the injured worker complains of continued neck pain and headaches. Her neck pain was rated 8-9 /10 and her neck incision was well healed without erythema and drainage. Reflexes were normal, sensory exam showed mild sensory changes on the right fourth and fifth fingers, left thumb and left dorsolateral thigh. Motor exam was slightly decreased as was grip strength and neck range of motion. Her medications included Norco 10/325mg, Tramadol 50mg, Flexeril 10mg, Elavil 60mg, and Pepcid 20mg. Requests for authorization for the preceding medications were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics: Cyclobenzaprine (Flexeril) Page(s): 64.

Decision rationale: The patient presents with diagnoses as status post C4-5, C5-6, C6-7 anterior cervical fusion, Carpal tunnel syndrome on the right on EMG/NCV and status post right shoulder surgery. Currently the injured worker complains of continued neck pain and headaches. The current request is for Flexeril 10mg #30. Flexeril (cyclobenzaprine) is a muscle relaxant. It works by blocking nerve impulses (or pain sensations) that are sent to your brain. The treating physician states on 4/23/15 (81B), she is taking Flexeril 1-2 tablets a day. MTUS guidelines regarding Cyclobenzaprine (Flexeril) state: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. In this case, the clinical history noted that the injured worker has been medicating with Flexeril since 8/2014 (7A) and that the patient has been prescribed this medication on an on-going basis. However, the frequency and quantity is consistent with a 2 week course of treatment, which is consistent with short-term use as recommended by MTUS. The request is medically necessary and recommendation is for authorization.

Elavil 60mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline Page(s): 13.

Decision rationale: The patient presents with diagnoses as status post C4-5, C5-6, C6-7 anterior cervical fusion, Carpal tunnel syndrome on the right on EMG/NCV and status post right shoulder surgery. Currently the injured worker complains of continued neck pain and headaches. The current request is for Elavil 60mg #30. Elavil (Amitriptyline) is in a group of drugs called tricyclic antidepressants. Elavil affects chemicals in the brain that may become unbalanced. The AME report dated 1/03/15 (103B) documented recommendations of increased dosing of Elavil for prophylaxis of headaches. The treating physician states in his treatment report dated 4/23/15 (81B) notes, she continues to have neck pain and headaches. The physician goes on to note that the patient is talking Elavil at bedtime. In a prior treatment report dated 3/19/15 (87B) the physician notes, she continues to have headaches. This week she has only had one, however last week she had three associated with nausea and vomiting. He goes on to state, her headaches have been a 10/10 which is her biggest complaint. MTUS Guidelines support Amitriptyline, and state, Recommended. Tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. In this case, the treating physician has

documented the patient's medical need. The current request is medically necessary and the recommendation is for authorization.

Pepcid 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids. Decision based on Non-MTUS Citation www.drugs.com/pro/pepcid.html.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with diagnoses as status post C4-5, C5-6, C6-7 anterior cervical fusion, Carpal tunnel syndrome on the right on EMG/NCV and status post right shoulder surgery. Currently the injured worker complains of continued neck pain and headaches. The current request is for Pepcid 20mg #30. Pepcid (famotidine) a histamine-2 blockers. Famotidine works by decreasing the amount of acid the stomach produces. The AME report dated 1/3/15 (100B) notes that in addition to the injured workers headaches she may have accompanying nausea, visual disturbance, photophobia, and visual field loss. The treating physician on 3/19/15 (87B) notes, she continues to have headaches. This week she has only had one, however last week she had three associated with nausea and vomiting. The ACOEM, MTUS and ODG Guidelines do not specifically discuss Famotidine. However, the MTUS Guidelines state under NSAIDs prophylaxis to discuss, GI symptoms & cardiovascular risk and recommendations are with precautions as indicated below. Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). In this case, the clinical history fails to mention any GI symptoms from this patient. The patient is not taking any NSAIDs either. It is not known why this medication is being prescribed as there is no documentation of any GI complaints. Recommendation is for denial and the request is not medically necessary.