

Case Number:	CM15-0088051		
Date Assigned:	05/12/2015	Date of Injury:	01/27/2014
Decision Date:	06/22/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/07/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 32 year old female, who sustained an industrial injury on 01/27/2014. She reported immediate pain in the bilateral paracervical trapezius muscles with radiation of pain down the bilateral upper extremities with occasional numbness sensation affecting both hands. Treatment to date has included medications, physical therapy, chiropractic care and MRI of the cervical spine. According to a progress report dated 04/09/2015, the injured worker continued to complain of pain in the bilateral paracervical cervical and trapezius muscle with radiation of pain down the right upper extremity and some intermittent numbness and tingling sensation affecting both hands. Medications given by her primary care physician included Flexeril, Advil, and Indocin. She noted that the medications gave her some relief but she was having problems with gastritis type symptoms especially with Advil and Indocin. She reported having acute muscle spasms in the bilateral trapezius and rhomboid muscle area. She was doing home exercises a couple of days per week. Diagnoses included bilateral cervical strain, question of bilateral cervical radiculopathy versus question of bilateral carpal tunnel syndrome and myofascial pain syndrome. Treatment plan included electrodiagnostic studies of the bilateral upper extremities, acupuncture, urine toxicology, Naproxen for inflammation, Omeprazole, Neurontin and Flexeril. All other medications were to be discontinued. Work status included modified duty. Currently under review is the request for Naproxen, Neurontin and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Naproxen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #100 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are bilateral cervical strain; questionable cervical radiculopathy versus question of bilateral carpal tunnels syndrome; and myofascial pain syndrome. The date of injury is January 27, 2014. The injured worker complains of bilateral cervical neck pain and trapezius pain. The injured worker has been taking Flexeril, Advil and Indocin from her [REDACTED] (private physician) for an undetermined period of time. Stated differently, the start date is unavailable. The treating provider, according to an April 9, 2015 progress note, discontinued current medications and started Naproxen 550 mg PO b.i.d. for inflammation, Omeprazole 20 mg one tablet daily for stomach prophylaxis, Neurontin 600 mg one tablet PO TID for paresthesias and Flexeril 7.5 mg one tablet PO TID for muscle spasms. Notably, the injured worker was taking Flexeril prescribed by the [REDACTED] physician. The injured worker was having ongoing neck spasms and trapezius spasms. The clinical signs and symptoms were significant despite ongoing Flexeril. The injured worker was taking non-steroidal anti-inflammatory drugs, Advil and Indocin without relief. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. The documentation available for review does not indicate the length of time non-steroidal anti-inflammatory drugs have been utilized by the injured worker. Additionally, there are no recent laboratory liver/kidney tests/ liver tests in the medical record associated with long-term non-steroidal anti-inflammatory drug use. There is no documentation demonstrating objective functional improvement with ongoing Advil and Indocin. Consequently, absent clinical documentation with objective functional improvement from prior non-steroidal anti-inflammatory drug use, guideline non-recommendations indicating there is no evidence to recommend one drug in this class over another based on efficacy and non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period, Naproxen 550 mg #100 is not medically necessary.

Neurontin 600mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin), Antiepilepsy drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 49. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Gabapentin.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 600 mg # 100 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions in fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug (AED). Gabapentin is considered a first-line treatment for neuropathic pain. In this case, the injured worker's working diagnoses are bilateral cervical strain; questionable cervical radiculopathy versus question of bilateral carpal tunnels syndrome; and myofascial pain syndrome. The date of injury is January 27, 2014. The injured worker complains of bilateral cervical neck pain and trapezius pain. The injured worker has been taking Flexeril, Advil and Indocin from her [REDACTED] (private physician) for an undetermined period of time. Stated differently, the start date is unavailable. The treating provider, according to an April 9, 2015 progress note, discontinued current medications and started Naproxen 550 mg PO b.i.d. for inflammation, Omeprazole 20 mg one tablet daily for stomach prophylaxis, Neurontin 600 mg one tablet PO TID for paresthesias and Flexeril 7.5 mg one tablet PO TID for muscle spasms. Notably, the injured worker was taking Flexeril prescribed by the [REDACTED] physician. The injured worker was having ongoing neck spasms and trapezius spasms. The clinical signs and symptoms were significant despite ongoing Flexeril. Objectively, the injured worker had decreased sensation over the ventral aspect of the thumb. It is unclear whether this represents a neuropathic symptom and sign. The treating provider (PM&R physician) requested an EMG/NCV of the bilateral upper extremities to rule out cervical radiculopathy versus bilateral carpal tunnel syndrome. The results of the EMG/NCV should be obtained prior to starting Neurontin 600 mg TID. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, Neurontin 600 mg #100 is not medically necessary.

Flexeril 7.5mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxers Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxers.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #100 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are bilateral cervical strain; questionable cervical radiculopathy versus question of bilateral carpal tunnels syndrome; and myofascial pain syndrome. The date of injury is January 27, 2014. The injured worker complains of bilateral

cervical neck pain and trapezius pain. The injured worker has been taking Flexeril, Advil and Indocin from her [REDACTED] (private physician) for an undetermined period of time. Stated differently, the start date is unavailable. The treating provider, according to an April 9, 2015 progress note, discontinued current medications and started Naproxen 550 mg PO b.i.d. for inflammation, Omeprazole 20 mg one tablet daily for stomach prophylaxis, Neurontin 600 mg one tablet PO TID for paresthesias and Flexeril 7.5 mg one tablet PO TID for muscle spasms. Notably, the injured worker was taking Flexeril prescribed by the [REDACTED] physician. The injured worker was having ongoing neck spasms and trapezius spasms. The clinical signs and symptoms were significant despite ongoing Flexeril. There is no documentation demonstrating objective functional improvement with ongoing Flexeril. Flexeril was prescribed by the treating provider for an undetermined length of time according to the medical record. Flexeril is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term exacerbation in chronic low back pain. There is no documentation of an exacerbation of chronic low back pain. Additionally, there was no clinical response to ongoing Flexeril documented in the medical record. Flexeril is indicated for short-term (less than two weeks). The treating provider exceeded the recommended guidelines. Consequently, absent compelling clinical documentation with objective functional improvement to support ongoing Flexeril use in excess of the recommended guidelines for short-term (less than two weeks), Flexeril 7.5 mg #100 is not medically necessary.