

Case Number:	CM14-0111127		
Date Assigned:	08/01/2014	Date of Injury:	04/14/2010
Decision Date:	09/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 52 year old female who reported a date of injury of 04/14/2010. The mechanism of injury was not indicated. The injured worker had diagnoses of chronic pain, cervical spondylosis, right shoulder impingement, upper extremity pain and cervicobrachial syndrome. Prior treatments included physical therapy and surgery. The injured worker had an electroencephalogram, MRI and a nerve conduction study previously. Surgeries included carpal tunnel release, peripheral nerve block and rotator cuff repair. The clinical note dated 07/16/2014 noted the injured worker had complaints of neck pain with radiation bilaterally to the upper extremities with numbness and tingling, with average pain rated 6/10. She indicated an 80% improvement in sitting, standing, and walking and a 60% improvement in her ability to lift and perform household chores with the use of opioids. Clinical findings included spasms of the neck with reduced range of motion in the cervical spine, tenderness bilaterally of the cervical paravertebral regions and trapezius muscles at the C3-C4, C4-C5, and C5-C6 levels. The injured worker had a positive Spurling's test, diminished sensation of the left upper extremity, and a positive Tinel's at the left wrist and medial epicondyle of the left elbow. The treatment plan included recommendations for Omeprazole, Cyclobenzaprine, and Tramadol. Medications included tramadol, Relafen, Omeprazole and Cyclobenzaprine. The rationale and request for authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Omeprazole 20 mg delayed release dispense 30 tablet: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

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

Decision rationale: The injured worker had complaints of neck pain with radiation bilaterally to the upper extremities with numbness and tingling, her average pain was 6/10. She indicated an 80% improvement in sitting, standing, walking and a 60% improvement in ability to lift and perform household chores with the use of opioids. The California MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for injured workers at intermediate risk for gastrointestinal events with no cardiovascular disease and injured workers at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note injured workers at risk for gastrointestinal events include injured workers over 65 years of age, injured workers 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). There is a lack of documentation the injured worker has a history of a peptic ulcer, gastrointestinal bleeding, or perforation. There is a lack of documentation indicating the injured worker has significant gastrointestinal symptoms. There is no indication that the injured worker is concurrently using ASA, corticosteroids, and/or an anticoagulant, or high dose or multiple NSAID medications. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. As such, Retrospective review of Omeprazole 20 mg delayed release dispense 30 tablet is not medically necessary.

Retrospective review of Cyclobenzaprine 10 mg dispense 60 tablets: 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): 63-66.

Decision rationale: The injured worker had complaints of neck pain with radiation bilaterally to the upper extremities with numbness and tingling, her average pain was 6/10. The injured worker had spasms to the cervical spine. 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. They show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The injured worker had spasms of the neck with reduced range of motion in the cervical spine. The injured worker has been prescribed cyclobenzaprine since at least 03/2014. The continued use of cyclobenzaprine would exceed the guideline recommendations. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency at

which the medication is prescribed in order to determine the necessity of the medication. As such, Retrospective review of Cyclobenzaprine 10 mg dispense 60 tablets is not medically necessary.