

Case Number:	CM14-0114500		
Date Assigned:	08/04/2014	Date of Injury:	04/13/2007
Decision Date:	10/10/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 Family Medicine and is licensed to practice in California. 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 61 year old female who sustained an injury on 04/13/07. No specific mechanism of injury was noted. The injured worker has been followed for ongoing complaints of chronic neck and low back pain as well as pain in the left shoulder. The injured worker is noted to have had prior left shoulder arthroscopy and left carpal as well as cubital tunnel releases. As of 06/02/14 the injured worker was proceeding with a tapering of Norco. The injured worker was reported to have persistent depression and anxiety complaints and was stable on Prozac. The injured worker's physical exam findings noted mild impingement signs in the left shoulder with limited range of motion. There was decreased sensation in the left wrist and hand with positive Phalen's signs. The requested medications were denied on 07/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neurontin capsules 300mg, #90.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs Page(s): 16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptics Page(s): 16-22.

Decision rationale: The injured worker has been followed for persistent neuropathic pain in the left upper extremity with sensory loss due to prior carpal and cubital tunnel releases. Neurontin is a recommended first line medication for the treatment of neuropathic pain. Given the injured worker's ongoing neuropathic pain in the left upper extremity, the requested medication is medically necessary.

Prilosec 20mg , #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NASIDs (non-steroidal anti-inflammatory drugs) Gastrointestinal Sy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

Decision rationale: The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, this request is not medically necessary.

Prozac 40mg, #60.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants For Chronic Pain Page(s): 13-14.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

Decision rationale: The injured worker was reported to have been stable with this medication noting positive effects from the medications. This medication should not be stopped abruptly due to the significant side effects this can cause. Given the reported efficacy of this medication, therefore this request is medically necessary.

Relafen 750mg, #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

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

Decision rationale: The chronic use of prescription NSAIDs is not medically necessary by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for

recent exacerbations of the injured worker's known chronic pain. As such, the injured worker could have reasonably transitioned to an over-the-counter medication for pain. Therefore this request is not medically necessary

Norco 5/325mg, #30.: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Opioid Therapy Page(s): 77, 79-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The injured worker was actively tolerating a tapering with this medication. The injured worker is well below the maximum amount of narcotics recommended by current evidence based guidelines. There was good pain control and functional improvement noted with the taper. Therefore this request is medically necessary.

Zanaflex 4mg, #60.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

Decision rationale: The chronic use of muscle relaxers is not medically necessary by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore this request is not medically necessary.