

Case Number:	CM14-0131389		
Date Assigned:	08/20/2014	Date of Injury:	05/07/2001
Decision Date:	10/21/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/18/2014

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 Occupational 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:

This 58 year old patient had a date of injury on 5/7/2001. The mechanism of injury was stacking glass overhead. In a progress noted dated 6/17/2014, the patient complains of increased neck pain radiating to the right fingertips. This is much worse when an electric sensation if he looks up. On a physical exam dated 6/17/2014, the patient is very stiff on attempting range of motion of his shoulders. He has extremity positive Tinel's on the left wrist and negative on right. The diagnostic impression shows neck pain, shoulder pain, neck pain, back pain, and abdominal pain. Treatments to date include medication therapy, behavioral modification, and surgery. A UR decision dated 7/24/2014, denied the request for Flexeril 10mg #90 x 1, stating that long term use is not recommended and this medication was previously used. Motrin 800mg #90 x 1 was denied, stating there was no documentation of functional improvement with use, and doses greater than 400mg have not provided greater relief for pain. Prilosec 20mg #180 x 1 was denied, stating that the patient does not have risk for and is not experiencing gastrointestinal events. Treatment to date: medication therapy, behavioral modification, surgery. A UR decision dated 7/24/2014 denied the request for Flexeril 10mg #90x1, stating that long term use is not recommended and this medication was previously used. Motrin 800mg #90x1 was denied, stating there was no documentation of functional improvement with use, and doses greater than 400mg have not provided greater relief for pain. Prilosec 20mg #180x1 was denied, stating that the patient does not have risk for and is not experiencing gastrointestinal events.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use however; addition of cyclobenzaprine to other agents is not recommended. In the documentation provided, this patient has been on Flexeril since at least 2011 and guidelines do not support long term use. Furthermore, the patient's symptoms have gotten worse in the 6/17/2014 progress report. Therefore, the request for flexeril 10mg #90 x 1 was not medically necessary.

Ibuprofen 800mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs.

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

Decision rationale: CA MTUS states that non-steroidal anti-inflammatory drugs (NSAIDs) are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can impair bone, muscle, and connective tissue healing as well as perhaps cause hypertension. In addition, Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. However, in the 6/17/2014 progress report, there was no documented functional improvement noted with the analgesic regimen. In fact, the symptoms have gotten worse subjectively. Furthermore, this patient has been on Motrin 800 since at least 2011. Therefore, the request for Motrin 800mg #90 x 1 was not medically necessary.

Prilosec 20mg #180 with 1 refill: 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 Page(s): 68.

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or

patients utilizing chronic non-steroidal anti-inflammatory drugs (NSAIDs) therapy. Omeprazole is a proton pump inhibitor, (PPI), used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. However, in the 6/17/2014 progress report, there was no evidence of gastrointestinal events. Furthermore, the NSAID Motrin as denied in the UR decision dated 7/24/2014, and there would be no medical necessity of Prilosec prophylactically. Therefore, the request for Prilosec 20mg #180 x 1 was not medically necessary.