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| Case Number: | CM14-0136084 | | |
| Date Assigned: | 09/03/2014 | Date of Injury: | 05/06/1998 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 08/22/2014 |
| Priority: | Standard | Application Received: | 08/23/2014 |

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 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 57-year-old female who reported an injury due to her sweater getting caught in a conveyor on 05/06/1998. On 04/21/2014, her diagnoses included status post arthroscopy to the right shoulder for rotator cuff tear and tendon repair x3 with revisions, with development of complex regional pain syndrome, right upper extremity, possible ulnar neuropathy and carpal tunnel syndrome, possible radiculopathy due to cervical disc herniation at C5-6, and nonindustrial hyperlipidemia. Her complaints included pain in her right shoulder. She reported an inability to raise her arm in a forward flex manner. She reported weakness and an inability to grasp and lift items. She further reported pain on the right side of her neck with occasional headaches. She rated her right shoulder pain at 7/10 to 8/10 with medications, and 10/10 without them. Her medications included methadone 5 mg (for complex regional pain syndrome), Norco 7.5/325 mg (for breakthrough pain), Flexeril 10 mg (for shoulder girdle spasms), Lidoderm patch 5% (for neuropathic burning pain in her shoulder), clonidine 0.1 mg (for neuropathic pain), and omeprazole 20 mg (for dyspepsia from her prescribed medications). A Request for Authorization dated 05/23/2014 was included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Flexeril 10mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The request for 1 prescription of Flexeril 10mg, #30 is not medically necessary. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic pain. In most cases, they show no benefit beyond NSAIDs. Efficacy appears to diminish over time. Flexeril per se is recommended for a short course of therapy. Limited, mixed evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. The submitted documentation revealed that this injured worker had been using Flexeril for 5 months. That exceeds the recommendations in the guidelines. Additionally, the request did not include frequency of administration. Therefore, this request for 1 prescription of Flexeril 10mg, #30 is not medically necessary.

1 prescription of Clonidine 0.1mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Clonidine, Intrathecal.

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

Decision rationale: The request for 1 prescription of Clonidine 0.1mg, #30 is not medically necessary. Per the Official Disability Guidelines, clonidine is recommended only after a short term trial indicates pain relief for patients refractory to opioid monotherapy or opioids with local anesthetic. There is little evidence that this medication provides long term pain relief, and no studies have investigated the neuromuscular, vascular or cardiovascular physiologic changes that can occur over long period of administration. Side effects include hypotension, and the medication should not be stopped abruptly due to the risk of rebound hypertension. The need for clonidine was not clearly demonstrated in the submitted documentation. Additionally, there was no frequency of administration included in the request. Therefore, this request for 1 prescription of Clonidine 0.1mg, #30 is not medically necessary.

1 prescription of Omeprazole 20mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Proton pump inhibitor (PPIs). Decision based on Non-MTUS Citation Office Disability Guidelines, Pain (Chronic); Proton pump inhibitor (PPIs).

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

Decision rationale: The request for 1 prescription of Omeprazole 20mg, #30 is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which includes omeprazole, may be recommended, but clinicians should weigh the indication for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngeal pharyngeal reflux. The injured worker did not have any of the above diagnoses, nor did she meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify a frequency of administration. Therefore, this request for 1 prescription of omeprazole 20 mg #30 is not medically necessary.