

Case Number:	CM14-0211330		
Date Assigned:	12/24/2014	Date of Injury:	09/12/2008
Decision Date:	02/19/2015	UR Denial Date:	12/10/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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
 Certification(s)/Specialty: Emergency 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:

Patient with reported date of injury on 9/12/2008. Mechanism of injury was not described. Patient has a diagnosis of cervical disc herniation, cervical spinal stenosis, annular tear at C6-7, R upper extremity radiculopathy, chronic pain syndrome, chronic low back pain, depression/anxiety, lumbar disc herniation with radiculopathy, cervicogenic headaches, myofascial pain syndrome and R S1 radiculopathy. Medical reports reviewed. Last report available until 11/25/14. Patient complains of neck pain radiating to R upper extremity. Also has low back pain radiating to R lower extremity. Pain is 7-9/10. Also has constant R shoulder pain. Also has anxiety and depression. Only objective exam in recent exam documents BMI of 34. R shoulder has decreased range of motion by 40%. Impingement and Neer's signs are positive. Last documented exam on 9/3/14 revealed decreased cervical range of motion, positive Spurling's and Hoffman's. Sensory deficits at R C6 and C7 dermatomes. R deltoid and bicep strength is 4/5. Lumbar exam reveals decreased ROM, positive straight leg raise. Decreased sensation to R L4 and L5 dermatomes. EMG/NCV from 7/23/13 of bilateral upper extremities were normal. EMG of lower extremities revealed right S1 sacral radiculopathy. Urine Drug Screen on 9/3/14 was reportedly appropriate. No medication list was provided for review. It is not clear what medications the patient is on. Patient is reportedly on Norco, Flexeril, omeprazole, temazepam and a topical cream. Is also on psychiatric medications. Independent Medical Review is for Compazine 5mg #120, Omeprazole 20mg #60, Butrans #4 with 2refills, Temazepam 30mg #30 with 2refills, Flexeril 50mg #90 with 2refills and Clomazepam 0.5mg

#60 with 2refills. Prior Utilization Review on 12/1/14 recommended non-certification. It approved Mobic and modified Butrans, Temazepam and Clomazepam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compazine 5mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation GlaxoSmithKline (March 2002) and ODG, Pain Chapter; Antiemetics (for Opioid nausea)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, Antiemetics(for opioid nausea).

Decision rationale: There are no relevant sections in the MTUS Chronic pain or ACOEM guidelines concerning this topic. Compazine is an anti-nausea medication. As per Official Disability Guide(ODG), anti emetics should only be used for short term nausea associated with opioids. Long term use is not recommended. Documentation notes no nausea. The number of tablets is not consistent with short term use. Compazine is not medically necessary.

Omeprazole 20mg #60,: Upheld

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

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. There is no dyspepsia complaints. Patient is not high risk for GI bleeding. Prilosec/Omeprazole is not medically necessary.

Butrans Patch 1 Box (4 Patch) With 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphin Page(s): 26-27.

Decision rationale: Butrans is buprenorphine, an agonist-antagonist opioid. As per MTUS Chronic pain guidelines, it is often used to prevent opiate withdrawal but is also used for the management of chronic pain. It has a lower abuse potential compared to other opioids. Patient is

already on Norco. There is no justification or rationale provided as to why Butrans was prescribed to a patient with stable chronic pain. The number of refills is completely inappropriate and does not allow for appropriate monitoring when starting an opioid. Butrans is not medically necessary.

Temazepam 30mg #30 With 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Restoril or Temazepam is a benzodiazepine. Patient is also on Clonazepam, another benzodiazepine for unknown reason. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops rapidly. It is unclear if Temazepam is being used for pain or anxiety. Chronic use of 2 benzodiazepine such as Temazepam is not medically necessary.

Flexeril 50mg #90 With 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. The number of tablets is not consistent with short term use. Cyclobenzaprine is not medically necessary.

Clonazepam 0.5mg #60 With 2 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Clonazepam or Klonopin is a benzodiazepine. Patient is also on Restoril, another benzodiazepine for unknown reason. As per MTUS Chronic pain guidelines is not recommended for long term use. There is strong risk of dependence and tolerance develops

rapidly. It is unclear if Clonazepam is being used for pain or anxiety. Chronic use of 2 benzodiazepine such as Clonazepam is not medically necessary.