MAXIMUS Federal Services

Case Number:	CM14-0213316		
Date Assigned:	12/30/2014	Date of Injury:	08/01/2012
Decision Date:	02/28/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/19/2014

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: Physical Medicine & Rehabilitation

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 patient is a 56 year old female with an injury date on 08/01/2012. Based on the 11/17/2014 progress report provided by the treating physician, the diagnoses are: 1.Unspecified neuralgia, neuritis, and radiculitis. 2. Cervical radiculopathy. According to this report, the patient complains of "continues to have pain in her neck down in to both upper extremities. She has pain throughout multiple joints of both hands as well as spasms in both hands." Examination findings show "continued spasm of the flexors or of the intrinsic muscles and flexors of all fingers both hands." There is "mild bilateral trapezial tenderness and spasm. Mild limitation of cervical spine range of motion with discomfort." The patient's work status is "TTD." The treatment plan is to "start Voltaren, Flexeril, and Protonix" medications, "awaiting spine surgery authorization" and "reevaluate in four week". The patient's past treatment was not mentioned in this report. Based on 10/28/2014 report, the patient presents "persistent pain in the neck, mid back, low back which she rates at 8/10, they are constant and the same. The neck pain radiates into both hands but the fourth and fifth digits have numbness, tingling and weakness. She also complains of pain in the right shoulder which she rate 8/10, it is frequent and the same. She also has pain in the bilateral elbows, wrists and hands are 8/10, they are frequent and the same." Examination findings show positive shoulder depression test and positive Spurling's test on the right. The utilization review denied the request for (1) Protonix 20 mg (2) Flexeril 7.5 mg, and (3) Voltaren 100 mg on 12/02/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/23/2014 to11/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Protonix 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: According to the 11/17/2014 report, this patient presents with neck and upper extremities pain. The current request is for Protonix 20 mg and quantity is unknown. This medication is first documented in this report. The MTUS Guidelines state with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient is currently on Voltaren (a NSAID) and there is no mention of the patient having gastrointestinal side effects with medication use. The patient is not over 65 years old and no other risk factors are present. There is no discussion regarding symptoms of gastritis, reflux or other condition that would require a PPI. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treater does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, the request IS NOT medically necessary.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), and Cyclobenzaprine (Flexeril) Page(s.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

Decision rationale: According to the 11/17/2014 report, this patient presents with neck and upper extremities pain. The current request is for Flexeril 7.5 mg. For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. In this case, the treating physician is requesting Flexeril 7.5 mg and quantity is unknown. This medication is first documented in this report. Flexeril is not recommended for long term use. The treater does not mention that this is for short-term use to address a flare-up or an exacerbation. Furthermore, without knowing the prescription dosing,

one cannot make the appropriate recommendation. Therefore, the request IS NOT medically necessary.

Voltaren 100mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Medications for chronic pain, Non-steroidal anti-inflammatory drugs, page 22, 60, 61, 67, 68.

Decision rationale: According to the 11/17/2014 report, this patient presents with neck and upper extremities pain. Per this report, the current request is for Voltaren 100 mg and quantity is unknown. The MTUS Guidelines page 22 reveal the following regarding NSAID's, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." In reviewing the provided reports, the patient has been prescribed Voltaren since 07/28/2014, and it is unknown exactly when the patient initially started taking this medication. The treating physician indicates that the patient's "pain is made better with rest and medication" based on 10/28/2014 report and patient's current medication usage helps control pain levels. However, the treating physician does not provide the dosage of the requested medication. Without knowing the prescription dosing, one cannot make the appropriate recommendation. Therefore, the request IS NOT medically necessary.