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| Case Number: | CM14-0213809 | | |
| Date Assigned: | 12/31/2014 | Date of Injury: | 12/31/2009 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 12/02/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 51 year old male with date of injury 12/31/09. The mechanism of injury is stated as being struck by a heavy object. The patient has complained of neck pain and hip pain since the date of injury. He has been treated with cervical foraminotomy, physical therapy, chiropractic therapy, TENS unit and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of the cervical paraspinal musculature, left upper extremity motor strength 4/5. Diagnoses: cervical spine degenerative disc disease, chronic pain syndrome, enthesopathy of the hip. Treatment plan and request: Flexeril, Gabapentin compound, Prilosec

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

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

Decision rationale: This 51 year old male has complained of neck pain and hip pain since date of injury 12/31/09. He has been treated with cervical foraminotomy, physical therapy, chiropractic therapy, TENS unit and medications to include Flexeril for at least a 4 week duration. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.

Gabapentin - compound 10%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 51 year old male has complained of neck pain and hip pain since date of injury 12/31/09. He has been treated with cervical foraminotomy, physical therapy, chiropractic therapy, TENS unit and medications. The current request is for Gabapentin compound 10%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Gabapentin compound is not indicated as medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 51 year old male has complained of neck pain and hip pain since date of injury 12/31/09. He has been treated with cervical foraminotomy, physical therapy, chiropractic therapy, TENS unit and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.