

Case Number:	CM15-0068673		
Date Assigned:	04/16/2015	Date of Injury:	12/19/2001
Decision Date:	05/15/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/10/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The injured worker is a 73 year old female, who sustained an industrial injury on December 19, 2001. The injured worker was diagnosed as having cervicalgia. Treatment and diagnostic studies to date have included medication. A progress note dated February 5, 2015 provides the injured worker complains of chronic neck and shoulder pain with headaches. Physical exam notes mild tenderness of trapezius area. The plan includes medication and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Proton Pump Inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 68 of 127.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh

the indications for NSAIDs against gastrointestinal risk factors such as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Sufficient gastrointestinal risks are not noted in these records. The request is appropriately non-certified based on MTUS guideline review. The request IS NOT medically necessary.

Cyclobenzaprine HCL 10mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 41-42 of 127.

Decision rationale: This claimant was injured now 14 years ago, and there is at present neck pain and headaches. There is mild tenderness on trapezius exam, but no other objective findings. I specifically did not find acute muscular spasm. The MTUS recommends cyclobenzaprine for a short course of therapy for acute muscle spasm. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses are better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there again has been no objective functional improvement noted in past usage in this claimant. Long-term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request IS NOT medically necessary.

Hydrocodone-Acetaminophen 10/325mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: This claimant was injured now 14 years ago, and there is at present neck pain and headaches. There is mild tenderness on trapezius exam, but no other objective findings. I specifically did not find acute muscular spasm. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: When to Discontinue Opioids: (a) If there is no overall improvement in function, unless there are extenuating circumstances. The guides note when to Continue Opioids. (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. Also, in regards to the long-term use of opiates, the MTUS also poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review. Due to the lack of the objective functional improvement, and as the above level of detail is not in the records, I am not able to verify that the continued use of narcotic medicine is clinically appropriate. The request IS NOT medically necessary.