

Case Number:	CM13-0018400		
Date Assigned:	10/11/2013	Date of Injury:	12/11/2009
Decision Date:	01/15/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic shoulder pain, chronic upper extremity pain, and psychological stress reportedly associated with cumulative trauma from collecting tools at work. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; psychotropic medications; attorney representation; and work restrictions. In a utilization review report of August 26, 2013, the claims administrator certified a request for Norco and Effexor while partially certifying request for Prilosec. Naprosyn and Flexeril, however, were not certified. The applicant's attorney later appealed, on August 29, 2013. A later note of September 19, 2013, is notable for comments that the applicant reports persistent neck and shoulder pain. She reports persistent spasm and stiffness. Her son and grandson are helping her with chores at home. She is somewhat depressed and having issues with sleep. She is reportedly working. She exhibits limited cervical and shoulder ranges of motion secondary to pain. The applicant was given a prescription for Norco for moderate to severe pain. Work restrictions are again endorsed. Prilosec is endorsed for the stomach as the applicant is described as having a history of gastritis. Naprosyn, Flexeril, and Effexor are likewise endorsed, as is additional physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg QTY: 60.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole or Prilosec are indicated in the treatment of NSAID-induced dyspepsia. In this case, the applicant does have a seeming history of gastritis and is using an NSAID medication, Naprosyn, which has been certified below. Concomitant usage of Prilosec is indicated. Therefore, the utilization review decision is overturned. The request is certified.

Naproxen Sodium 550 mg QTY: 60.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn are the traditional first-line of treatment for chronic pain issues, including the chronic low back pain reportedly present here. In this case, the applicant has responded favorably to the introduction of Naprosyn. She has returned to regular duty work. Therefore, on balance, continuing the same is indicated. The request is certified, on independent medical review.

Flexeril 7.5 mg QTY: 60.00: Upheld

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

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous other analgesic and adjuvant medications, including Naprosyn, which has been certified above. Adding cyclobenzaprine or Flexeril to the mix is not indicated. Therefore, the request is not certified.