

Case Number:	CM13-0037738		
Date Assigned:	12/18/2013	Date of Injury:	12/13/2007
Decision Date:	05/27/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/24/2013

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. The expert 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 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/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 has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of December 3, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; a TENS unit; muscle relaxants; apparent return to work; and unspecified amounts of acupuncture. In a December 17, 2013 progress note, the applicant presented with neck, upper back, shoulder, and elbow pain, 3/10 pain was reported. The applicant was using Relafen, Flexeril, and Zanaflex, it was stated. The applicant was asked to continue home exercises, continue a TENS unit, and continue with regular vocation. The applicant was asked to follow up in six weeks. An earlier note of November 5, 2013 is notable for comments that the applicant does report appropriate pain relief with medications. The applicant's pain levels dropped from 3/10 to 2/10 without medications. The applicant was described as using Naprosyn and Flexeril as of that point in time. The applicant was again asked to continue with present vocation, implying that the applicant was working. In a handwritten PR-2 form of the same date, the attending provider checked the "regular duty" box. In an earlier note of September 10, 2013 it is suggested that previous usage of Naprosyn has generated issues with stomach upsets and dyspepsia. For that reason, Relafen was endorsed in conjunction with Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF RELAFEN 750MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22, 69.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications, such as Relafen do represent the traditional first-line of treatment for various chronic pain conditions, including chronic multifocal pain reportedly present here. It is further noted that the applicant did demonstrate dyspepsia with another NSAID, Naprosyn, in September 2013, leading to the attending provider's introducing Relafen, as suggested on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines. Finally, the attending provider did posit that the applicant's ongoing usage of medications, including Relafen, has ameliorated the applicant's performance of non-work activities of daily living and has allowed the applicant to achieve and/or maintain successful return to work status. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary, given the applicant's functional improvement with prior Relafen usage.

PHARMACY PURCHASE OF PRILOSEC 20MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and Cardiovascular Risk. 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 did experience dyspepsia with an early NSAID medication, Naprosyn. Introduction of Prilosec to combat NSAID-induced dyspepsia is indicated and appropriate. Accordingly, the original utilization review decision is overturned. The request is medically necessary.