

Case Number:	CM13-0039193		
Date Assigned:	12/18/2013	Date of Injury:	12/11/2009
Decision Date:	04/28/2014	UR Denial Date:	09/30/2013
Priority:	Standard	Application Received:	10/04/2013

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 employee, a 49-year-old woman, claims injury 12/11/2009 with current diagnoses of 722.0 (intervertebral cervical disc disorder) and 726.2 (impingement syndrome). She has degenerative changes in her cervical spine without disc herniation, cord compression or neuroforaminal stenosis. She is s/p arthroscopy 10/22/12 for her shoulder. Her treating provider is requesting reconsideration of denial of Prilosec, Norco and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg tablets Qty: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-80.

Decision rationale: Future Norco is not authorized until it is proven to be effective at reducing pain and improving function without undue side effects.

Prilosec 20mg capsules 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 NSAIDs Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Decision rationale: A PPI appears to be indicated, given the patient's history of prior gastritis. Suggested omeprazole dose is 20 mg per day, since therecommendation is for the lowest dose for the shortest amount of time. Over-the-counter dosing is recommended as an initial step before proceeding to other PPIs. The request is not clear on how it is to be dosed, and is denied.

Naproxen 550mg tablets 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 NSAIDs Page(s): 67-73.

Decision rationale: The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. A one-month's supply of 60 tablets of 550 mg strength naproxen would be appropriate dosing. As noted in the medical record, the provider is recommending one tablet twice per day. Per the chronic pain guidelines, it is an appropriate treatment for pain due to arthritis, which this patient has. The medication was denied based on a history of hypertension. The guidelines recommend with caution, and monitoring will need to occur. She has had some elevated blood pressure readings, and her provider will need to consider discontinuation if they are persistent on this medication.

Flexeril 7.5 mg tablets 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 Antispasmodics Page(s): 64.

Decision rationale: Flexeril is recommended for short-term use only. It is not recommended beyond 3 weeks at three times per day dosing (5-10 mg). Her doctor notes spasm in the neck, and into the arm. The recommendation is not clear on the dosing parameters - she is to take them as needed. There is no recommended dosing frequency and number of tablets, nor length of treatment. The Flexeril is denied.