MAXIMUS Federal Services

Case Number:	CM13-0047163		
Date Assigned:	12/27/2013	Date of Injury:	02/07/2011
Decision Date:	04/28/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pediatric Rehabilitation Medicine and is licensed to practice in Texas. 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 patient is a 57-year-old female, sustained an unspecified injury on 02/07/2011. The patient was evaluated on 12/19/2013 for persistent pain of the neck that was aggravated by repetitive motions of the neck, prolonged positioning of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. The physical examination noted the patient to have tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. The physical examination noted the patient to have pain with terminal motion and neurovascular status was noted as intact. The treatment plan indicated the patient to continue taking medications as prescribed but did not specify the medications the patient was taking.

IMR ISSUES, DECISIONS AND RATIONALES

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

100 Naproxen 550mg: 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): 67.

Decision rationale: The request for Naproxen 550 MG #100 is non-certified. The documentation submitted for review did not indicate the patient's pain level upon evaluation. Furthermore, the documentation submitted for review did not indicate the use of the medication as part of the treatment plan. The California MTUS Guidelines recommend the use of NSAID for patients with osteoarthritis including knee and hip, acute exacerbations of chronic back pain, chronic low back pain, and neuropathic pain. However, the documentation submitted for review did not indicate the patient had any analgesic effect with the medication. The patient's pain level was not documented. Therefore, there was no indication for the medication usage.

120 Omeprazole 20mg: 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): 67.

Decision rationale: The request for Omeprazole 20 MG #120 is non-certified. The documentation submitted for review did not indicate the patient had any gastrointestinal issues to support the use of the medication. The California MTUS Guidelines recommend the use of a proton pump inhibitor as an adjunct treatment for NSAIDS. However, as the previous request for NSAIDS was not supported, the adjunct treatment of Omeprazole is not supported.

120 Cyclobenzaprine 7.5mg: 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: The request for Cyclobenzaprine 7.5 MG #120 is non-certified. The documentation submitted for review did not indicate the patient's pain level upon evaluation. Furthermore, the documentation did not indicate the use of the medication as part of the treatment plan or how long the patient had been using the medication. The California MTUS Guidelines recommend the use of antispasmodics for patients on a short term basis. As the period of the usage was not documented and submitted for review, it is unclear if the patient had been using the medication for longer than recommended. Furthermore, upon evaluation the patient was noted to have spasms to the cervical spine and upper trapezial muscles. Therefore, the efficacy of the medication is unclear. As the documentation did not indicate the duration of usage or efficacy of treatment, the continued use of the medication is not supported.