

Case Number:	CM13-0050837		
Date Assigned:	12/27/2013	Date of Injury:	03/28/2013
Decision Date:	04/30/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/14/2013

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 Interventional Spine 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 patient is a 48 year old male with date of injury 3/28/13. The treating physician report dated 9/18/13 indicates that the patient has pain affecting the upper extremities, including the bilateral hands with paresthesias and numbness, pain in the shoulders, left greater than right as well as cervical and lumbar pain. The current diagnoses are: 1.Cervical radiculopathy 2.Lumbar Discopathy 3.Bilateral cubital tunnel, carpal tunnel, double crush syndrome 4.Left shoulder impingement The utilization review report dated 10/23/13 denied the request for 120 Cyclobenzaprine Hydrochloride 7.5mg, 100 Naproxen Sodium 550Mg and 120 Omeprazole DR 20mg based on the lack of medical necessity and lack of guideline support.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants63-66.

Decision rationale: The patient presents with chronic pain affecting the upper extremities, bilateral shoulders, neck and back. The treating physician has documented tenderness at the cervical paravertebral muscles with spasm, painful and restricted cervical motion, positive Spurling's maneuver and dysesthesia at the C6 and C7 dermatomes. Cervical MRI dated 8/21/13 indicates at C6/7 there is 3mm anterior disc protrusion and at C5/6 there is a 2-3mm posterior disc protrusion. The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. There is documentation provided that indicates that patient has been taking this medication since at least 7/15/13 which is beyond the guideline recommendations. Recommendation is for denial.

NAPROXEN SODIUM 550MG #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, Page(s): 67-73.

Decision rationale: The patient presents with chronic pain affecting the upper extremities, bilateral shoulders, neck and back. The treating physician report dated 9/18/13 recommends the continue usage of Naproxen Sodium 550mg. The MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis. There is no information reported that the patient is suffering from any side effects from this medication. Recommendation is for authorization.

OMEPRAZOLE 20MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-69.

Decision rationale: The patient presents with chronic pain affecting the upper extremities, bilateral shoulders, neck and back. The treating physician has documented that the patient experiences upset stomach with epigastric pain while on NSAID. This is relieved with Omeprazole. The MTUS guidelines supports the use of Omeprazole for gastric side effects due to NSAID use. ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The provider in this case has documented that the usage of Omeprazole reduces G/I symptoms for this patient. Recommendation is for approval.