

Case Number:	CM13-0060307		
Date Assigned:	03/03/2014	Date of Injury:	03/24/2010
Decision Date:	07/08/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/03/2013

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, 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 injured worker is a 45-year-old female who reported an injury on 3/24/10. The mechanism of injury was not provided for review. The clinical note dated 9/3/13 noted that the injured worker presented with headaches, pain in the bilateral shoulders, lumbar spine, and bilateral feet. Upon examination of the left shoulder, there was tenderness at the left shoulder subacromial space and acromioclavicular joint, positive impingement and Hawkin's sign, and pain with terminal motion. Examination of the right shoulder revealed tenderness to the right anteriorly, positive impingement and Hawkins sign, and pain with terminal motion. The lumbar spine examination noted tenderness over the paravertebral muscles, pain with terminal motion, and a positive seated nerve root test. An MRI of the cervical spine dated 4/13/13 revealed mild loss of normal cervical lordosis, mild cervical scoliosis, postoperative artifacts from C4-6 (suggestive of a prior fusion), central canal appears capacious, and mild disc bulges at C3-4 and C6-7. The diagnoses were status post cervical hybrid reconstruction as of 9/9/11, retained symptomatic cervical hardware, lumbar discopathy, EMG/NCV evidence of right carpal tunnel syndrome and plantar fasciitis, right shoulder pain, left shoulder impingement, anxiety, and stomach issues. Prior treatment included medications and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The California MTUS guidelines recommend the use of NSAIDS for injured workers with osteoarthritis and acute exacerbations of chronic low back pain. The guidelines recommend NSAIDS at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDS as an option for short-term symptomatic relief. The included documentation did not include a complete and adequate pain assessment for the injured worker. The efficacy of the medication is not documented. As such, the request is not medically necessary.

OMEPRAZOLE 20MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for injured workers at risk for gastrointestinal events. The guidelines recommend clinicians utilize the following criteria to determine if the injured worker is at risk for gastrointestinal events: age greater than 65 years old; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, and/or anticoagulants; or high dose multiple NSAID use. The medical documents did not indicate the injured worker had gastrointestinal symptoms. It did not appear the injured worker had a history of peptic ulcer, GI bleed, or perforation. It did not appear the injured worker was at risk for gastrointestinal events. As such, the request is not medically necessary.

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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine as an option for a short course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The request

for cyclobenzaprine 7.5mg #120 exceeds the guideline recommendation of short-term therapy. The provided medical documents lack evidence of objective functional improvement with the medication. The provider's rationale for the request was not provided within the documentation. As such, the request is not medically necessary.

TRAMADOL ER 150MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 76-80.

Decision rationale: The California MTUS recommends the use of opioids for ongoing management of chronic low back pain. The guidelines recommend the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is a lack of documentation regarding an objective assessment of the injured worker's pain level, functional status, aberrant drug abuse behavior, and side effects to determine the necessity of continued use. As such, the request is not medically necessary.