

Case Number:	CM13-0060951		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2013
Decision Date:	06/24/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/04/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Sports 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 injured worker is a 56-year-old female with cumulative dates of injury from 02/22/2011 through 07/10/2013. The mechanism of injury was noted to be cumulative due to working on a computer, and the injured worker felt a sharp pain on her arms, legs, and back. Her diagnoses were noted to include spinal stenosis, left index trigger finger, lumbago, and lumbar radiculopathy. Her previous treatments were noted to include physical therapy, medications, acupuncture, and chiropractic therapy. The physical therapy note reported impairments prevented the injured worker from performing standard activities of daily living and work activities. The physical therapy note reported lumbar flexion and lumbar extension were within normal limits. The injured worker reported her pain as being 8/10. Her previous surgeries include left carpal tunnel release in 2011 and right carpal tunnel release in 2012. The progress report dated 09/05/2013 reported full range of motion to the lumbar spine, wrists, and hands, as well as motor strength 5/5 in the left upper extremity and bilateral lower extremities, as well as deep tendon reflexes 2+ and symmetrical in all dermatomal levels, and sensation to pinprick and light touch is intact at all dermatomal levels. The injured worker's medications were listed as Metformin, Losartan, Atenolol, Amaryl, Tylenol, and Advil. The request of authorization form was not submitted within the medical records. The requests are for Naproxen Sodium 550mg #90, Pantoprazole 20mg #60, and Cyclobenzaprine 7.5mg #90; however the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NAPROXEN SODIUM 550MG #90 DOS:9/30/13:
Upheld

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 Chronic Pain Medical Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The injured worker has been shown to be taking Advil for over 6 months. There is no documentation regarding the use of naproxen sodium. The Chronic Pain Medical Treatment Guidelines recommend the lowest dose for the shortest period in injured workers with moderate to severe pain for osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or Reno vascular risk factors. There is no evidence to recommend 1 drug in this class over another based on efficacy. The indications for NSAIDs are osteoarthritis, back pain such as chronic low back pain, (and other nociceptive pain) in with neuropathic pain. The guidelines state that package inserts for NSAIDs recommend periodic monitoring of a CBC (Complete Blood Count) and a chemistry profile (including liver and renal function tests). There is a lack of documentation regarding efficacy for this medication, as well as the previous progress note reported the injured worker was taking both Tylenol and Advil. There is also a lack of documentation regarding any lab work performed specified by the guidelines and additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request for Naproxen Sodium 550mg #90 DOS: 9/30/13 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR PANTOPRAZOLE 20MG #60 DOS:9/30/13: Upheld

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 Chronic Pain Medical Treatment Guidelines NSAIDs Page(s): 68.

Decision rationale: The injured worker does have a diagnosis of medication-induced dyspepsia. The California Chronic Pain Medical Treatment Guidelines state the clinician is to determine if the patient is at risk for gastrointestinal events such as age greater than 65 years, history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAIDs. The previous request for Naproxen Sodium was non-certified in which Pantoprazole was prescribed for prophylactically. Therefore, a medical need for this medication is not warranted. Also, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Pantoprazole 20mg #60 DOS: 9/30/13 is not medically necessary and appropriate.

RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE 7.5MG #90 DOS:9/30/13:
Upheld

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 Chronic Pain Medical Treatment Guidelines Muscle Relaxants, Antispasmodics, Cyclobenzaprine Page.

Decision rationale: The injured worker was shown to be prescribed cyclobenzaprine on 07/26/2013. The California Chronic Pain Medical Treatment Guidelines state muscle relaxants may be effective in reducing pain and muscle tension and increasing motility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. The guidelines also state there is no additional benefit shown in combination with NSAIDs and efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker was shown to be prescribed this medication back in 07/2013, and the guidelines state there is no benefit beyond NSAIDs in pain and improvement and that efficacy appears to diminish over time. There was a lack of documentation regarding efficacy of this medication being used. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request for Cyclobenzaprine 7.5mg #90 DOS: 9/30/13 is not medically necessary and appropriate.