

Case Number:	CM14-0011614		
Date Assigned:	02/21/2014	Date of Injury:	12/06/2012
Decision Date:	06/25/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/29/2014

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:

Injured worker is a male with date of injury December 6, 2012. Per primary treating physician's re-evaluation and progress report with request for authorization, the injured worker complains of persistent pain of the the neck that is aggravated by repetitive motions of the neck, prolonged posing of the neck, pushing, pulling, lifting, forward reaching, and working at or above the shoulder level. He has low back pain that is aggravated by bending, lifiting, twisting, pushing, pulling, sitting, standing, and walking multiple blocks. The symptomatology in his bilataeral shoulders, bilateral upper extremitites, right hand and bilateral knees has not changed significantly. On exam of the cervical spine there is tenderness at the cervical paravertebral muscles and upper trapezial muscles with spasm. Axial loading compression test and Spurling's maneuver are positive. There is painful and restricted cervical range of motion. There is dysesthesia at the C5 and C6 dermatomes. Bilateral shoulders have tenderness anteriorly. There is positive impingement sign and pain with terminal motion. Bilateral upper extremeties have positive Tinel's in the right cubital tunnel extending to the ulnar two digits, and extension of symptomatology in the median nerve distribution. Examination of the right hand shows well-healed laceration of the right volar aspect of the ring finger and long finger. There is dysesthesia distally to the scar. There is good range of motion of the fingers. There is tenderness at the scar and distal aspect to the scar of the right distal long and ring fingers. Lumbar spine reveals tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes. Bilateral knees exam shows tenderness at the knee joint line, pain with terminal flexion, and a well-healed right knee scar. Diagnoses include 1) cervical discopathy with radiculitis 2) lumbar discopathy with radiculitis 3) status post laceration of he anterior cervical area on the right side 4) left shoulder impingement syndrome with labral tear 5) right shoulder impingement syndrome with labral tear

6) status post right hand laceration of the right long and ring fingers remained dysesthesia 7) cubital/carpal tunnel/double crush syndrome 8) rule out internal derangement bilateral knees 9) status post right knee surgery

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550 MG QUANTITY120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 67-71

Decision rationale: It is noted by the claims administrator that the injured worker has been utilizing this medication since at least February 2013, and that there has not been any documented functional improvement with the use of this medication. The requesting provider reports disagreement with the guidelines that NSAIDs are to be used secondary to acetaminophen. The Chronic Pain Medical Treatment Guidelines state that the use of NSAIDs are recommended with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic pain with a stable examination, and no indications of an acute exacerbation. The request for Naproxen Sodium 550 mg, 120 count, is not medically necessary or appropriate.

CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG QUANTITY 120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE, MUSCLE RELAXANTS (FOR PAIN), 41-42, 63-64

Decision rationale: The physician's request for cyclobenzaprine states that the medication is being used for an acute exacerbation and palpable spasticity, however this is not indicated in the clinic documents which report stable exam and no report of acute exacerbation. The requesting physician also reports that cyclobenzaprine is being used as a sleep aid, although there are no reports of insomnia. There is not a description of the injured worker becoming better and then experiencing an acute exacerbation of his pain. There is also no indication that the injured worker has experienced functional improvement with the use of cyclobenzaprine. Cyclobenzaprine is recommended by the guidelines for short periods with acute exacerbations, but not for chronic or extended use. The guidelines report that the effect of cyclobenzaprine is

greatest in the first four days of treatment. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for cyclobenzaprine hydrochloride 7.5 mg, 120 count, is not medically necessary or appropriate.

OMEPRAZOLE DR 20 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68-69

Decision rationale: Proton pump inhibitors, such as omeprazole, are recommended when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event as specified in the Chronic Pain Medical Treatment Guidelines, which may necessitate the use of omeprazole when using NSAIDs. Additionally, the request for naproxen sodium has been determined to not be medically necessary. The request for Omeprazole DR 20 mg is not medically necessary or appropriate.