

Case Number:	CM14-0017267		
Date Assigned:	04/14/2014	Date of Injury:	10/29/2011
Decision Date:	06/30/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 30 year old male with an injury date of 10/29/01. Based on the 01/15/14 progress report provided by [REDACTED], the patient's diagnosis include myofascial pain syndrome, lumbar spine strain, and lumbosacral facet syndrome. [REDACTED] is requesting for the following: 1) Naproxen Sodium 550 mg #100, 2 bottles 2) Omeprazole 20 mg #100 3) Gabapentin (Neurontin) 600 mg #100 4) Flexeril (Fexmid) 7.5 mg #90, 3 bottles There were no MRI's provided. On 07/15/13 and 10/11/13, the patient had transforaminal epidural steroid injections at left L4, left L5, and left S1. The utilization review determination being challenged is dated 01/23/14 and recommends denial of the Naproxen, Omeprazole, Gabapentin, and Flexeril. [REDACTED] is the requesting provider, and he provided three progress reports from 10/24/13-01/29/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG, #100; 2 BOTTLES: 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, NSAIDS,

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, MEDICATIONS FOR CHRONIC PAIN , 60, 61

Decision rationale: According to the 01/15/14 progress report by [REDACTED], the patient presents with myofascial pain syndrome, lumbar spine strain, and lumbosacral facet syndrome. The request is for Naproxen Sodium 550 mg #100 2 bottles. Review of the reports does not provide any discussion regarding use of Naproxen. [REDACTED] 12/04/13 progress report indicates that the patient had a refill of Naproxen; however, the treating physician does not discuss it's efficacy and whether or not the patient is actually taking them. Chronic Pain Medical Treatment Guidelines support use of (NSAIDs) non-steroidal anti-inflammatory drugs for chronic low back pain per page 22. For medication use in chronic pain, Chronic Pain Medical Treatment Guidelines page 60 also requires documentation of pain assessment and function as related to the medication used. In this case, there is lack of any documentation regarding what Naproxen has done for this patient's pain and function. Therefore the request is not medically necessary.

OMEPRAZOLE 20MG, #100: Overturned

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, NSAIDS,

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, 69

Decision rationale: According to the 01/15/14 progress report by [REDACTED], the patient presents with myofascial pain syndrome, lumbar spine strain, and lumbosacral facet syndrome. The request is for Omeprazole 20 mg #100. [REDACTED] 12/04/13 progress report requests for a refill of Omeprazole. The 01/29/14 progress report states that "The patient has an established history of having gastritis while taking NSAIDS alone. During his March 13, 2013 initial consult he had remarked that he had been taking Motrin for his left leg and groin pain and noted that it is beneficial but he had problems with gastritis type symptoms. However, after starting his Omeprazole on March 13 2013, his gastritis has been controlled while taking his Naproxen." Chronic Pain Medical Treatment Guidelines does not recommend routine use of GI prophylaxis without documentation of risk assessment but this patient has stomach issues with NSAID use. Omeprazole has helped the patient. Given the above the request is medically necessary.

GABAPENTIN (NEURONTIN) 600MG, #100; 3 BOTTLES: 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, NSAIDS,

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, , 18, 19

Decision rationale: According to the 01/15/14 progress report by [REDACTED], the patient presents with myofascial pain syndrome, lumbar spine strain, and lumbosacral facet syndrome. The request is for Gabapentin (Neurontin) 600 mg #100. [REDACTED] 10/24/13 progress report states that the patient has been taking Gabapentin since 03/13/13. For Gabapentin Chronic Pain Medical Treatment Guidelines requires, "The patient should be asked at each visit as to whether there has been a change in pain or function... Combination therapy is only recommended if there is no change with first-line therapy, with the recommended change being at least 30%." The treating physician does not provide any documentation as to how the medication is tolerated and beneficial for the patient's symptoms. Given the lack of appropriate assessment, the request is not medically necessary.

FLEXERIL (FEMID) 7.5MG, #90;3 BOTLES: 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, MUSCLE RELAXANTS,

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, , 64

Decision rationale: According to the 01/15/14 progress report by [REDACTED], the patient presents with myofascial pain syndrome, lumbar spine strain, and lumbosacral facet syndrome. The request is for Flexeril (Fexmid) 7.5 mg #90 3 bottles. The first indication that the patient was taking Flexeril was on [REDACTED] 12/04/13 progress report which requests for a refill of Flexeril. According to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine's are "not recommended to be used for longer than 2-3 weeks." Based on review of the reports, the patient has been prescribed this medication on a long-term basis. There is also no evidence or documentation showing it has improved the patient's pain or spasms. Therefore the request is not medically necessary