

Case Number:	CM14-0018444		
Date Assigned:	04/18/2014	Date of Injury:	01/23/2000
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/13/2014

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 Family 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:

This injured worker's date of injury was 01/23/2000. The treating physician in his note dated 01/27/14 states that patient receives treatment for chronic pain of her shoulders, lumbar spine, wrists, and neck. She has returned to work. In October 2013, she underwent left shoulder arthroscopic subacromial decompression surgery. The physician has requested 3 month refills for Naprosyn (a non-steroidal anti-inflammatory drug (NSAID)), Prilosec (a proton pump inhibitor (PPI)), and Flexeril (a muscle relaxant).

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 550MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: This patient has chronic pain involving the shoulders, neck, wrists, and lumbar spine. Naprosyn is a non-steroidal anti-inflammatory drug (NSAID). Per MTUS guidelines, NSAIDs are indicated at the lowest dose for the shortest period of time when treating patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain

or function. Based on the documentation in this case of chronic pain, the request for a 3-months supply of Naprosyn is non-certified.

PRILOSEC 20MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, Page(s): 68. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 9792.20 - 9792.26,

Decision rationale: The treating physician has recommended continuation of treatment with this proton pump inhibitor (PPI), Prilosec. PPI treatment may be medically indicated for patients who are taking non-steroidal anti-inflammatory drugs (NSAIDs) and have a documented increased risk of gastrointestinal (GI) complications, such as upper GI bleeding or lower GI bleeding. Some of these risk factors include: age greater than 65 years, history of peptic ulcer disease or perforation, or concurrent use of corticosteroids. None these risk factors are mentioned. Based on the documentation presented in this case, the request for Prilosec is non-certified.

FLEXERIL 7.5MG, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) , Page(s): 41-42.

Decision rationale: The MTUS guidelines recommended muscle relaxant as an option, using a short course of therapy. Cyclobenzaprine (Flexeril®) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the treating physician has recommended that the patient receive a 3 month supply of this muscle relaxer. He does not specify what muscle group(s) specifically is being treated, nor does he state what the patient's response is in terms of relief of pain, side effects, or increase in function. Flexeril is a muscle relaxer which is recommended for the short-term treatment of muscle spasm. Based on the documentation for this case of chronic pain, the request for Flexeril is non-certified.