

Case Number:	CM14-0136214		
Date Assigned:	09/05/2014	Date of Injury:	08/28/2009
Decision Date:	10/02/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	08/25/2014

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:

This is a 30-year-old male with an 8/28/09 date of injury. The mechanism of injury occurred when the patient tripped and fell backward, landing on his left wrist and back, and had immediate left wrist pain. According to a progress report dated 5/27/14, the patient stated that his pain was currently at a 5/10. With his medications, he has been able to bring his pain down to a 1/10 and was able to do light activities and go up and down stairs 3 to 4 times for about an hour and a half if need be. Without his medications, he would only be able to do such activities for about 15 to 20 minutes. Objective findings: no significant changes. Diagnostic impression: status post left wrist carpal tunnel release and ulnar shortening 11/24/10, left wrist and hand pain, low back pain. Treatment to date includes medication management, activity modification, and acupuncture. A UR decision dated 8/9/14 denied the requests for Prilosec, Naproxen, and Flexeril. Prilosec was denied because the Naproxen was not approved, and Prilosec is also not established for medical necessity. A specific rationale for denial of Naproxen and Flexeril was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: The California MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. It is noted that the patient has been taking Naproxen. Guidelines support the use of Prilosec for gastrointestinal prophylaxis from chronic NSAID therapy. Therefore, the request for Prilosec 20mg QTY: 60 is medically necessary.

Naproxen Sodium 550mg, QTY: 60 tablets: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the Official Disability Guidelines states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It is noted that the patient's medication regimen brings his pain level down from a 5/10 to a 1/10. With his medications, the patient is able to do light activities. Guidelines support the use of NSAIDs with documented functional gains and improvement in activities of daily living. Therefore, the request for Naproxen Sodium 550mg, QTY: 60 tablets is medically necessary.

Flexeril 10mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42.

Decision rationale: According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-operative use. The addition of Cyclobenzaprine to other agents is not recommended. In the records reviewed, it is documented that the patient has been taking Flexeril since at least 8/15/13. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation of an acute

exacerbation to the patient's pain. Therefore, the request for Flexeril 10mg, QTY: 30 is not medically necessary.