MAXIMUS Federal Services

Case Number:	CM14-0150069		
Date Assigned:	09/19/2014	Date of Injury:	04/07/2011
Decision Date:	11/17/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/15/2014

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 46-year-old female with a 4/7/11 date of injury. A specific mechanism of injury was not described. According to a progress report dated 8/29/14, the patient reported pain in her bilateral wrists and hands. She stated that she frequently wore wrist braces because they decreased the level of pain. She was advised to do physical therapy and increase stretching and decrease the amount of times she wore the braces. Objective findings: diffuse tenderness of bilateral wrists/hands, grip strength 2/5 bilaterally, tenderness to palpation about lumbar paravertebral musculature, restricted lumbar range of motion, lumbar spine muscle spasms noted. Diagnostic impression: bilateral wrist/hand flexor tenosynovitis, MRI evidence of 2mm disc protrusion at L5-S1, lumbar spine sprain/strain/discopathy. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 9/9/14 denied the requests for naproxen, omeprazole, and cyclobenzaprine. Regarding naproxen, the guidelines support its use as an option for short-term symptomatic relief. In this case, the claimant has chronic low back pain. Regarding Omeprazole, there is no indication that the claimant has a gastrointestinal condition. Regarding cyclobenzaprine, the claimant's injury is 3 years old and guidelines recommend a short course of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

Decision rationale: CA 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, ODG 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. However, in the present case, there is no documentation of functional improvement or pain reduction with NSAID use. Guidelines do not support the ongoing use of NSAID medications without documentation of improvement in pain or function. Therefore, the request for Naproxen 550mg #60 is not medically necessary.

OMEPRAZOLE 20 MG # 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole)

Decision rationale: CA 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. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. It is noted that Omeprazole has been prescribed for GI symptoms caused by NSAID use. However, because the initial request for the NSAID, Naproxen, was not found to be medically necessary, this associated request for prophylactic use cannot be substantiated. Therefore, the request for Omeprazole 20mg #30 is not medically necessary.

CYCLOBENZAPRINE 10 MG # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics.

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

Decision rationale: According to page 41 of the CA 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-op use. The addition of cyclobenzaprine to other agents is not recommended. However, according to the records reviewed, this patient has been on cyclobenzaprine since at least 4/7/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, there is no documentation that the patient has had an acute exacerbation to her pain. Therefore, the request for Cyclobenzaprine 10mg #30 is not medically necessary.