

Case Number:	CM14-0158805		
Date Assigned:	10/02/2014	Date of Injury:	09/22/2013
Decision Date:	11/19/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 63 yo male who sustained an industrial injury on 09/22/2013. The mechanism of injury was not documented in the clinical records submitted with this request. His diagnoses include cervical sprain and strain, thoracic sprain and strain with multilevel spondylosis, right rotator cuff tear, right biceps tear, right superior labral tear, right upper extremity lateral epicondylitis, lumbosacral sprain and strain with radiculopathy right lower extremity, right plantar fasciitis, headaches, sleep disorder, and gastrointestinal complaints. On physical exam there is tenderness to palpation at L4-S1 as well as the superior iliac crest. There was decreased range of motion; motor strength was intact. Range of motion was forward flexion at 30 degrees and extension at 15 degrees. Examination of the cervical spine revealed bilateral tenderness at C4-C7 as well as pain on lateral bending. There was limited range of cervical motion. Examination of the right shoulder revealed positive Neer's, Hawkins and cross shoulder abduction. Physical exam of the left shoulder revealed tenderness to the acromioclavicular joint and bursa. Treatment has included medications, surgery, physical therapy and chiropractic treatments. The treating provider has requested Omeprazole Dr 20mg # 30, Naproxen 550mg #60, and Cyclobenzaprine 7.5 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30: Upheld

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

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

Decision rationale: Per California MTUS 2009 proton pump inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is documentation indicating the patient has gastrointestinal complaints but these are not defined. He has no specific GI risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

Naproxen Sodium 550mg #60: Overturned

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

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

Decision rationale: The requested medication, Naproxen is medically necessary for the treatment of the claimant's pain condition. Naproxen is a non-steroidal anti-inflammatory medication (NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has significant cervical and lumbar pain and the medication has proved beneficial for pain control. Medical necessity for the requested medication has been established. The requested treatment is medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

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

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

Decision rationale: Per the reviewed literature, Cyclobenzaprine is not recommended for the long-term treatment of neck and low back pain. The medication has its greatest effect in the first four days of treatment. The documentation does not indicate there are palpable muscle spasms and there is no documentation of functional improvement from any previous use of this medication. The patient has been treated with multiple medical therapies. Per California MTUS Guidelines muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical

necessity for chronic use of this muscle relaxant medication has not been established. The requested medication is not medically necessary.