

Case Number:	CM14-0169548		
Date Assigned:	10/17/2014	Date of Injury:	04/01/2012
Decision Date:	11/26/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/14/2014

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 Pain 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:

The injured worker is a 63 year-old male with a date of injury of April 1, 2012. The patient's industrially related diagnoses include bilateral knee medial meniscal tear, lumbar disc protrusion, cervical disc protrusion, and myospasms. The disputed issues are Naproxen 550mg 1 Tab PO BID #60, Cyclobenzaprine 7.5mg #60, Prilosec 20mg 1 Tab PO BID. A utilization review determination on 9/18/2014 had non-certified these requests. The stated rationale for the denial of Naproxen was: "The request is not reasonable as the patient has been on long term NSAID without documentation of significant derived benefit through prior long term use." The stated rationale for the denial of Cyclobenzaprine was: "Request is not reasonable as there is no documentation of spasms on exam and patient has been taking medication previously and it is not recommended for long-term use." Lastly, the stated rationale for the denial of Prilosec was: "This request is not reasonable as the patient is not at intermediate risk of GI event."

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 1 Tab PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. In general, the guidelines state that anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In the submitted medical records, it was documented that Naproxen was previously prescribed on 11/12/2013 and was started again on 7/21/2014. However, there was no indication in the subsequent reports after the Naproxen was prescribed again that it was providing any specific analgesic benefits. The utilization reviewer non-certified the request stating the injured worker has been on long-term NSAID without documentation of significant derived benefit through prior long term use, but there is no documentation to support that the injured worker has been taking this medication regularly. Based on the lack of documentation of analgesic benefit, the request for Naproxen 550mg #60 is not medically necessary at this time.

Cyclobenzaprine 7.5mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS; Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: In regard to the request for Cyclobenzaprine 7.5mg, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. In the progress reports available for review, the treating physician documented positive objective findings of muscle spasms over the cervical and lumbar paraspinal musculatures and diagnosed the injured worker with myospasms. The utilization reviewer non-certified this medication stating that there is no documentation of spasms on exam, and patient has been taking medication previously and it is not recommended for long-term use. However, as stated above, there was adequate documentation of muscle spasms on physical examination and Cyclobenzaprine was prescribed previously, but it does not appear that it is prescribed monthly. Therefore based on the guidelines, the request for cyclobenzaprine 7.5mg #60 is not medically necessary.

Prilosec 20mg 1 Tab PO BID: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec 20mg (Omeprazole) is a proton pump inhibitor (PPI). The Chronic Pain Medical Treatment Guidelines states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. The following criteria is used to determine if a patient is at risk for gastrointestinal events: "1) age > 65 years; (2) history of peptic ulcer, GI bleeding, or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." In the submitted medical records available for review, there is sufficient documentation that the injured worker is at intermediate risk for gastrointestinal events with NSAID use. The treating physician documented that the injured worker has pre-existing gastritis, which was exacerbated by the treatment rendered. Furthermore, the injured worker is prescribed Naproxen, a non-selective NSAID. Based on the guidelines, the injured worker meets the criteria for gastrointestinal risk and the request for Prilosec 20mg 1 tab BID is medically necessary at this time.