

Case Number:	CM14-0173766		
Date Assigned:	10/27/2014	Date of Injury:	01/25/2013
Decision Date:	12/18/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 46-year-old female who reported an injury on 01/25/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included status post right shoulder arthroscopy 08/2013, right shoulder adhesive capsulitis, rule out upper extremity compression neuropathy, neurological deficit right L4-S1, right knee pain. The previous treatments included medication, surgery, transcutaneous electrical nerve stimulation (TENS) unit, LSO brace. Within the clinical note dated 09/19/2014, it was reported the injured worker complained of right shoulder pain rated 6/10 in severity. She complained of left shoulder pain, medial elbow pain, and right knee pain rated 5/10 in severity. The physical examination revealed tenderness of the right and left shoulder. The range of motion was limited with pain. There spasms noted on the lumbar paraspinal musculature. The provider recommended naproxen, pantoprazole, cyclobenzaprine for spasms. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-67.

Decision rationale: The request for naproxen 550mg #90 is not medically necessary. The California MTUS Guidelines note naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend naproxen at the lowest dose for the short period of time in patients with moderate to severe pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

Pantoprazole 20mg #90: Upheld

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 GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for pantoprazole 20mg #90 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as pantoprazole, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include age greater than 65 years; history of peptic ulcer, gastrointestinal bleeding, or perforation; use of corticosteroids and/or anticoagulants. In the absence of risk factors for gastrointestinal bleeding events, proton pump inhibitors are not indicated when taking nonsteroidal anti-inflammatory drugs (NSAIDs). The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID, or adding an H2 receptor antagonist, or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of documentation indicating the injured worker had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63,64.

Decision rationale: The request for cyclobenzaprine 7.5mg #90 is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by

significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the injured worker has been utilizing the medication for an extended period of time, which exceeds the guideline recommendations of short term use of 2 to 3 weeks. Therefore, the request is not medically necessary.