

Case Number:	CM14-0022674		
Date Assigned:	05/14/2014	Date of Injury:	08/31/2010
Decision Date:	07/10/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/24/2014

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 Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 48-year-old male with a date of work injury of 8/31/2010. The patient has a diagnosis of lumbar disc disease and lumbar radiculopathy, and neck pain. There are requests for retrospective prescriptions for Naproxen sodium 550mg, #120, Omeprazole DR 20mg, #120, and Cyclobenzaprine HC 7.5mg, #120, (DOS 11/15/2013). There is a 10/22/13 reevaluation and office visit that states that the patient has persistent pain that radiates to the lower extremities with numbness and tingling. On examination of the lumbar spine there is tenderness from the mid to distal lumbar segments. There is pain with terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION OF NAPROXEN SODIUM 550MG, #120 DOS: 11/15/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73.

Decision rationale: Retrospective prescriptions for Naproxen sodium 550mg, #120 (DOS 11/14/13) is not medically necessary per the MTUS guidelines. The guidelines state that NSAIDs are an option for chronic low back pain as an option for short term symptomatic relief. The documentation dated 11/15/13 indicated that the patient no longer received any benefit from Naproxen; therefore, he was being changed to another NSAID for pain and inflammation. Without documentation of significant functional improvement or analgesic benefit as well as the fact that NSAIDs should be used for a short term symptomatic relief the request for Naproxen sodium 550mg (DOS 11/14/13) is not medically necessary.

RETROSPECTIVE PRESCRIPTION FOR OMEPRAZOLE DR 20MG, #120 DOS: 11/15/13: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: Retrospective Omeprazole DR 20mg, #120 (DOS 11/15/13) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. There is no history that patient meets MTUS criteria for a proton pump inhibitor including: (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). California Medical Treatment Utilization Schedule Chronic Pain Guidelines do not support treatment Proton Pump Inhibitor medication in the absence of symptoms or risk factors for gastrointestinal disorders. For dyspepsia due to NSAID use, the NSAID can be discontinued, changed to another class of NSAIDs or a proton pump inhibitor added. The documentation reveals that on subjective complaints there are no discussions of dyspepsia or other gastrointestinal complaints. The retrospective Omeprazole DR 20mg #120 (DOS 11/15/13) is not medically necessary,

RETROSPECTIVE PRESCRIPTION FOR CYCLOBENZAPRINE HCL 7.5MG, #120 DOS: 11/15/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Antispasmodics Page(s): 41-42, 6.

Decision rationale: Cyclobenzaprine HC 7.5mg, #120, (DOS 11/15/2013) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. The request is not medically necessary and appropriate, as written, exceeds this recommendation and also there is no documentation on exam of spasms. The request for Cyclobenzaprine HC 7.5mg, #120, (DOS 11/15/2013) is not medically necessary.

