

Case Number:	CM14-0022998		
Date Assigned:	05/12/2014	Date of Injury:	04/04/2001
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
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 Pain Medicine, and is licensed to practice in Minnesota. 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 70 year old female with an injury reported on 04/04/2001. The mechanism of injury was not provided within the clinical notes. The clinical note dated 03/03/2014 reported that the injured worker complained of constant right shoulder pain. The physical examination revealed slight tenderness to the acromioclavicular joint to her right shoulder. The injured worker's range of motion of her right shoulder demonstrated flexion to 180 degrees, extension to 60 degrees, internal and external rotation to 90 degrees, abduction to 180 degrees and adduction to 75 degrees. The injured worker's prescribed medication list included Cyclobenzaprine 7.5mg, Naproxen 550mg, and Omeprazole 20mg. The injured worker's diagnoses included status post right shoulder surgery; right shoulder sprain; and gastritis. The provider requested Cyclobenzaprine to treat pain caused by muscle spasms; Naproxen to treat mild-to-moderate pain; and Omeprazole to decrease the risk of gastrointestinal upset. The request for authorization was not provided. The injured worker's prior treatments included physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG-1 TAB PO EVERY NIGHT #60 (TWO MONTH SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 64.

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

Decision rationale: The request for Cyclobenzaprine 7.5mg-1 tab by mouth every night #60 (two month supply) is non-certified. The injured worker complained of constant right shoulder pain. The injured worker's prescribed medication list included Cyclobenzaprine 7.5mg, Naproxen 550mg, and Omeprazole 20mg. The provider requested Cyclobenzaprine to treat pain caused by muscle spasms. The CA MTUS guidelines recommend Cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of information provided documenting the specific efficacy of Cyclobenzaprine as evidenced by decreased pain caused by muscle spasms and significant objective functional improvements. There is a lack of clinical information provided indicating how long the injured worker has used Cyclobenzaprine; the guidelines recommend Cyclobenzaprine as a short course of therapy. Therefore, the request is not medically necessary and appropriate.

OMEPRAZOLE 20MG- 1 TAB PO B.I.D #120 (TWO MONTH SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms Page(s): 68-69.

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

Decision rationale: The request for Omeprazole 20mg-1 tab by mouth twice daily # 120 (two month supply) is non-certified. The injured worker complained of constant right shoulder pain. The injured worker's prescribed medication list included Cyclobenzaprine 7.5mg, Naproxen 550mg, and Omeprazole 20mg. The provider requested Omeprazole to decrease the risk of gastrointestinal upset. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is a lack of documentation of NSAID side-effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used Omeprazole; the guidelines identify increase risk of hip fracture with long term usage of PPIs. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Therefore, the request is not medically necessary and appropriate.

NAPROXEN 550MG- 1 TAB PO B.I.D #120 (TWO MONTH SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22.

Decision rationale: The request for Naproxen 550mg-1 tab by mouth twice daily #120 (two month supply) is non-certified. The injured worker complained of constant right shoulder pain. The injured worker's prescribed medication list included Cyclobenzaprine 7.5mg, Naproxen 550mg, and Omeprazole 20mg. The provider requested Naproxen to treat mild-to-moderate pain. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is a lack of information provided documenting the specific efficacy of naproxen as evidenced by decreased pain and significant objective functional improvements. There is a lack of clinical information provided indicating how long the injured worker has used naproxen, the guidelines do not recommend long term usage of NSAIDs. Therefore, the request is not medically necessary and appropriate.