

Case Number:	CM14-0027527		
Date Assigned:	06/13/2014	Date of Injury:	06/26/2013
Decision Date:	07/25/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/04/2014

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 & Emergency Medicine and is licensed to practice in Florida. 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:

This patient is a 36 year-old with a date of injury of 06/26/13. A progress report associated with the request for services, dated 12/27/13, identified subjective complaints of back pain. She was noted to have a "response" to her NSAID. However, the pain was described as 9/10. Objective findings included tenderness to palpation in the thoracic region. Neurological examination was normal. Diagnoses included thoracic strain and myofascial pain. Treatment has included home exercise, physical therapy, TENS, and medication. Use of an NSAID did cause dyspepsia. A Utilization Review determination was rendered on 02/19/14 recommending non-certification of "naproxen 500mg, qty: 60 with one refill, qty: 120.00; omeprazole 20mg, qty: 30 with one refill, qty: 60.00; and nortriptyline 25mg, qty: 30 with one refill, qty: 60.00".

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 500MG, QTY: 60 WITH ONE REFILL, QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen; NSAIDs, page(s) 12; 67-73 Page(s): 67-73. Decision based on Non-MTUS Citation , NSAIDs.

Decision rationale: Naproxen (Naprosyn) is a non-steroidal anti-inflammatory agent (NSAID). The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond that. In this case, there is no documentation of the functional improvement related to naproxen and therefore is not medically necessary.

OMEPRAZOLE 20MG, QTY: 30 WITH ONE REFILL, QTY: 60.00: Overturned

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

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

Decision rationale: The recommendations for NSAID-induced dyspepsia include changing to another NSAID, or treatment with an H2-receptor antagonist or a proton pump inhibitor. The non-certification was based upon the lack of documented necessity for an NSAID, and therefore associated treatment of its side-effects. However, considering the request independently, there is documentation of NSAID-induced gastrointestinal symptoms and the request is for active treatment rather than prophylaxis. Therefore, the medical record does document the medical necessity for omeprazole and it is therefore medically necessary and appropriate.

NORTRIPTYLINE 25MG, QTY: 30 WITH ONE REFILL, QTY: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SPECIFIC ANTIDEPRESSANTS Page(s): 15.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for Chronic Pain, page(s) 13-16 Page(s): 13-16.

Decision rationale: Nortriptyline is a tricyclic class antidepressant. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines note that some antidepressants are: Recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain (Feurstein, 1977) (Perrot, 2006). The tricyclic agents are generally considered first-line unless they are ineffective, poorly tolerated or contraindicated. Assessment of treatment efficacy should include not only pain outcomes, but also an evaluation of function, changes in the use of other analgesics, sleep quality and duration as well as a psychological assessment. The optimal duration of therapy is not known. The Guidelines recommend that assessment of

treatment efficacy begin at one week with a recommended trial of at least 4 weeks. It is recommended that if pain is in remission for 3-6 months, a gradual tapering of the antidepressants occur. The long-term effectiveness of antidepressants has not been established. For neuropathic pain, tricyclic agents are recommended as first-line. Antidepressants are listed as an option in depressed patients with non-neuropathic pain, but effectiveness is limited. The Guidelines note that non-neuropathic pain is generally treated with analgesics and anti-inflammatories. The Guidelines state that in low back pain: ... tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. No studies have specifically studied the use of antidepressants to treat pain from osteoarthritis. The Guidelines do note that in depressed patients with osteoarthritis, improving depression symptoms was found to decrease pain and improve functional status. Based on the lack of evidence for the long-term efficacy of tricyclic antidepressants for pain as well as the lack of documentation of functional improvement in this case, the record does not support the medical necessity for nortriptyline and therefore the request is not medically necessary and appropriate.