

Case Number:	CM14-0028734		
Date Assigned:	06/16/2014	Date of Injury:	05/17/2013
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/06/2014

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:

Primary treating physician's progress report 01-03-2014 provided a progress report. Subjective complaints: The patient presents today complaining of low back pain. Objective findings: There is tenderness to palpation to the lumbar spine with muscle spasm noted. Range of motion reveals flexion of 30 degrees, extension is 10 degrees, left and right lateral flexion is 15 degrees. There is positive Kemp's test. Positive straight leg raise test. The patient is utilizing a bilateral wrist brace for support. Diagnoses: Cervical Spine Sprain/Strain; Right Shoulder Strain; Left Shoulder Strain; Mid Back Sprain/Strain; Cephalgia; Lumbar Spine Sprain. Treatment plan: Recommending the patient to have lumbar spine epidural and cervical spine epidural. Internal medicine evaluation for surgical clearance. Continue physical therapy. Renewed medications Flexeril 7.5 mg #90 as a muscle relaxant, #120 Norco 325/10 mg once every 4-6 hours for severe pain, #60 Prilosec 20mg qd for gastritis secondary to Nonsteroidal anti-inflammatory drugs (NSAID) intake, #120 Naproxen 550mg take 1 tablet 2 times a day for inflammation. "At this time, I have questioned the patient in regards the medications prescribed above, if they have been helpful in providing relief of pain. The patient states that the medications have been of benefit and will continue to use as prescribed for the next 6 weeks. The patient is to follow up in 6 weeks." Primary treating physician's progress report 11-22-2013 documented renewal of #120 Naproxen 550mg, #60 Prilosec 20mg, #120 Norco 325/10 mg, Flexeril 7.5 mg #90 "At this time, I have questioned the patient in regards the medications prescribed above, if they have been helpful in providing relief of pain. The patient states that the medications have been of benefit and will continue to use as prescribed for the next 6 weeks." Neurological consultation report 08-28-2013 documented the mechanism of injury: Patient was driving a company van, and was rear-ended by a bus. Past medical history was unremarkable. BP 107/72. MRI of cervical spine 08-04-2014 reported disc and spine abnormalities. MRI of lumbar spine 08-02-2013 reported disc

and spine abnormalities. Utilization review dated 02-18-2014 recommended non-certification of the requests for Flexeril, Norco, Prilosec, Naproxen. RFA was dated 01-03-2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #90: Upheld

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

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

Decision rationale: According to the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. FDA Prescribing Information states: "Flexeril should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available." Medical records document that the patient is beyond the acute phase of his injury. Date of injury was 05-17-2013. Patient has used Flexeril for over three weeks. MTUS and FDA guidelines do not support the medical necessity of Flexeril. Therefore, the request for Flexeril 7.5mg #90 is not medically necessary.

NORCO 10/325MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 88) presents Criteria for use of opioids: Long-term users of opioids: Strategy for maintenance (a) Do not attempt to lower the dose if it is working (b) Supplemental doses of break-through medication may be required for incidental pain, end-of dose pain, and pain that occur with predictable situations. Primary treating physician's progress reports 01-03-2014 and 11-22-2013 documented prescriptions for #120 Norco 325/10 mg every six weeks. The use of Norco is stable, and average usage is less than three tablets daily. Urine drug test 10-11-2013 was negative. "The patient states that the medications have been of benefit." Medical records and MTUS guidelines support the maintenance of Norco prescription. Therefore, the request for Norco 10/325mg #120 is medically necessary.

PRILOSEC 20MG #60: Overturned

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

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

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines (Page 68) states that the use of high dose Non-steroidal anti-inflammatory drugs (NSAIDs) is a risk factor for gastrointestinal events, and recommends a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily). Primary treating physician's progress reports 01-03-2014 and 11-22-2013 documented prescriptions for Naproxen 550 mg #120 every six weeks. Prescription Naproxen is a high dose NSAID. Per MTUS guidelines, medical records support the medical necessity of Prilosec (omeprazole). Therefore, the request for Prilosec 20mg #60 is medically necessary.

NAPROXEN 550MG #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, 181.

Decision rationale: California Medical treatment utilization schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints recommend non-steroidal anti-inflammatory drugs (NSAIDs) for neck, shoulder, and low back conditions. Primary treating physician's progress report 01-03-2014 documented diagnoses: Cervical Spine Sprain/Strain; Right Shoulder Strain; Left Shoulder Strain; Mid Back Sprain/Strain; Cephalgia; Lumbar Spine Sprain. Neurological consultation report 08-28-2013 documented the mechanism of injury: Patient was driving a company van, and was rear-ended by a bus. Past medical history was unremarkable. Blood Pressure is 107/72. Magnetic resonance imaging (MRI) of cervical spine 08-04-2014 reported disc and spine abnormalities. MRI of lumbar spine 08-02-2013 reported disc and spine abnormalities. Per MTUS and ACOEM guidelines, the medical records support the medical necessity of NSAIDs. Naproxen is an NSAID. Therefore, the request for Naproxen 550mg #120 is medically necessary.