

<b>Case Number:</b>	CM14-0028972		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	06/26/2013
<b>Decision Date:</b>	07/29/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation 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:

This is a 36-year-old female with a date of injury of 6/26/13. This is a patient with a slip and near fall injury, twisting her back and injuring the left shoulder, upper back and low back. She was initially diagnosed with a shouddler sprain/strain, scapula sprain and thoracic sprain. Initial conservative care was initiated on 7/10/13, including Naproxen, cold packs, and modified activity. No modified work was available, so she was taken off work. On follow-up her condition worsened, despite not working, and PT was ordered. Due to lack of response to conservative measures, a physical medicine and rehabilitaion consult was requested and was done on 10/23/13. The patient was diagnosed with myofascial pain, left C6 radiculopathy versus peripheral entrapment, cervicalgia, thoracic pain, and facet syndrome. An MRI, electrodiagnostics and chiropractic care was ordered. The patient was already on Nortriptyline, and an increase in dosage was recommended. Lidoderm was also recommended. The patient began to complain of nonsteroidal anti-inflammatory drugs (NSAIDS) causing heartburn. She was prescribed Celebrex. The patient saw a pain specialist on 12/27/13, and Naproxen and Omeprazole, and Nortriptyline were ordered. This was submitted to Utilization Review (UR). On 2/19/14, the UR doctor recommended only 15 tablets of the Nortriptyline for the purpose of "weaning". Naproxen and Omeprazole were denied due to lack of documented benefit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRESCRIPTION OF NAPROXEN 500MG, #60 WITH ONE REFILL (PER REPORT 12/27/13):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS), 73.

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

**Decision rationale:** While guidelines do note that there is risk for adverse effects, such as GI and cardiovascular, they do support use of NSAIDS for orthopedic conditions. They are indicated for acute care as well as an option for chronic symptoms. Therefore, the request is medically necessary.

**PRESCRIPTION OF OMEPRAZOLE 20MG, #30 WITH ONE REFILL (PER REPORT 12/27/13):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASULAR RISK, 68-69.

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

**Decision rationale:** Guidelines do support use of GI protectants in patients with a history of chronic NSAID use, as there is high risk for adverse GI effects. This patient has been on long-term NSAIDS for chronic pain issues, and has also complained of heartburn. Use of Omeprazole concurrently with Naproxen is appropriate. Therefore, the request is medically necessary.

**PRESCRIPTION OF NORTRIPTYLINE 25MG, #30 WITH ONE REFILL (PER REPORT 12/27/13):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TRICYCLIC ANTIDEPRESSANT, 15 Page(s): 15.

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

**Decision rationale:** Guidelines do support use of antidepressants as first line treatment for neuropathic pain and an option for non-neuropathic pain. This patient has neck and low back pain with associated neuropathic symptoms. The patient was placed on Nortriptyline, with consideration for increasing the dose to see if it would be effective. There is no justification to taper off the medication, as this is a non-opioid pain control measure. Therefore, the request is medically necessary.