

Case Number:	CM14-0042565		
Date Assigned:	06/30/2014	Date of Injury:	04/09/2013
Decision Date:	09/11/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/09/2014

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 Family Medicine and is licensed to practice in Ohio. 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 felt to have a variety of physical ailments as a result of repetitive trauma caused by his duties as a police officer spanning from 1980 until 2013. He has complained of a gradual onset of pain in the neck, back, knees, and upper extremities over the years. He can recall an injury to his back stemming from January 18, 2012 at which time use moving furniture while at work. He responded temporarily to physical therapy and medication. An orthopedic evaluation from May 30 of 2013 notes that the injured worker has neck pain radiating into the upper extremities associated numbness and tingling, The exam of the neck revealed tenderness of the cervical spine at paravertebral muscles to include the upper trapezius with spasm. It is also noted to have dysesthesias in the distribution of C5/C6 dermatomes. With regard to the upper extremities, he was found have a positive Tinel's sign at each elbow and a positive Tinel's and Phalen signs at the wrists. With regard to the back, he was found to have tenderness in the mid to distal lumbar segments, positive seated nerve root test, and dysesthesias of the L5-S1 dermatome levels on the left. With regard to the knees he was found to have joint line tenderness, pain and crepitus with terminal flexion, most especially on the right. He has had the diagnoses of a lung tumor, gastroesophageal reflux disease, obesity, lumbar disc disease, cervical disc disease, and knee pain. It appears that the injured worker was prescribed Naprosyn 550 mg twice daily as needed for pain and cyclobenzaprine 7.5 mg, one every eight hours as needed for spasm, on May 30 of 2013. The clinical office notes reviewed essentially spanned most of 2013 and into early 2014. Throughout this time, the subjective complaints and the objective findings remained essentially unchanged. It is noted that a previous request for Naprosyn and cyclobenzaprine came with the provision that both medications would need to be weaned for reasons cited in the commonly available literature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tablets 550mg #100,: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Section on Anti-Inflammatory Medication>, page(s) 22 and 67. Page(s): 22 and 67.

Decision rationale: Anti-Inflammatories are the traditional first-line of treatment to reduce pain severity so that functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective, nonsteroidal anti-inflammatory drugs for chronic low back pain. The evidence also suggests that anti-inflammatories be recommended as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In this instance, the injured worker appears to have crossed over into the continuous pain category. For this reason, Naprosyn 550 mg, #100 is medically necessary.

Cyclobenzaprine Hydrochloride Tablets 7.5mg #120,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines <Section on Cyclobenzaprine>, page(s) 41-42 Page(s): 41-42.

Decision rationale: Cyclobenzaprine is recommended as an option for chronic pain but only if used as a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at a price of greater adverse effects. The effect is greatest in the first four days a treatment, suggesting that shorter courses may be better. In this instance, it appears that cyclobenzaprine has been in use for over a year and therefore this would seem to exceed commonly accepted definitions of short therapy courses. Therefore, Cyclobenzaprine is not medically necessary.

Ondansetron Odt Tablets 8mg #30 X2,: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC Pain Procedure Summary antiemetics(for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The official disability guidelines do not comments on the use of ondansetron to treat potential nausea associated with the use of cyclobenzaprine. The stated reason for using ondansetron in the medical record is to combat the nausea associated with the use of cyclobenzaprine. However, the cyclobenzaprine is felt to be not medically necessary. Therefore, the Ondansetron is felt to be not medically necessary.

Omeprazole Delayed-Release Capsules 20mg #120,: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: Anti-Inflammatories are the traditional first-line of treatment to reduce pain severity so that functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective, nonsteroidal anti-inflammatory drugs for chronic low back pain. The evidence also suggests that anti-inflammatories be recommended as a second line treatment after acetaminophen for acute exacerbations of chronic pain. In this instance, the injured worker appears to have crossed over into the continuous pain category. For this reason, Naprosyn 550 mg, #100 is medically necessary.