

Case Number:	CM14-0044441		
Date Assigned:	07/02/2014	Date of Injury:	02/13/2013
Decision Date:	08/22/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/11/2014

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 Occupational 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:

The patient is a 33-year-old female who has submitted a claim for lumbar degenerative disc disease and right sacroiliitis associated with an industrial injury date of 02/13/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of low back pain about once a week. Current pain was graded 0/10. Physical examination showed tenderness over the bilateral thoracic and lumbar spine, and sacroiliac joints. Range of motion of the lumbar spine was limited. FABER, compression/distraction, Fortin's, and Gaenslean's tests were positive on the right. DTRs were normal. Weakness was noted in the right psoas, tibialis anterior, inversion, and plantar flexion. Sensation was intact. Treatment to date has included medications, and chiropractic therapy. Utilization review, dated 03/13/2014, denied the requests for naproxen, omeprazole, and cyclobenzaprine because the patient was relatively pain free, has reached maximum medical improvement, and can be transitioned to over-the-counter pain medications and anti-inflammatory drugs to be taken as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : NSAIDs
Page(s): 66.

Decision rationale: As stated on page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been prescribed naproxen since at least 2013. Current VAS quantification is 0/10, and patient has back pain about once a week. However, naproxen is recommended for moderate to severe pain. Moreover, long-term use is not recommended. Therefore, the request for 60 tablets of Naproxen Sodium 550mg is not medically necessary.

60 Capsules of Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 68 to 69 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the patient is currently taking naproxen as needed for low back pain, and does not have any gastrointestinal complaints. The medical records reviewed show that the patient is not at risk for an MTUS-defined gastrointestinal event. Therefore, the request for 60 capsules of Omeprazole 20mg is not medically necessary.

30 Tablets of Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant. As stated on page 41 of CA MTUS Chronic Pain Medical Treatment Guidelines, treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, the patient has been prescribed Flexeril since at least September 2013. However, physical examination failed to show objective evidence of muscle spasms.

Furthermore, long-term use of Flexeril is not recommended. Therefore, the request for 30 tablets of Cyclobenzaprine 7.5mg is not medically necessary.