

Case Number:	CM14-0053482		
Date Assigned:	07/07/2014	Date of Injury:	08/19/2009
Decision Date:	08/29/2014	UR Denial Date:	03/22/2014
Priority:	Standard	Application Received:	04/22/2014

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 Nevada. 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 a 53 year old male who was reportedly injured on August 19, 2009. The most recent progress note dated April 9, 2014, indicates that there are ongoing complaints of neck pain, mid back pain and low back pain. The physical examination demonstrated tenderness along the facet joints of the cervical spine, mid back and lumbar spine. There was a positive facet loading test. Decreased range of motion was noted along with spasms. Diagnostic imaging studies of the cervical spine show degenerative disc disease at C4-C5 and C5-C6 as well as facet changes at C4-C5. A magnetic resonance image of the thoracic spine shows facet degeneration at T7-T8. A magnetic resonance image of the lumbar spine shows degenerative changes at L4-L5 and a disc bulge at L3-L4. Previous treatment includes cervical spine injections a back brace, hot/cold traps, and the use of a transcutaneous electrical nerve stimulation unit. A request was made for naproxen, Voltaren, Nexium, Remeron and Norflex and was not certified in the pre-authorization process on March 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Of Naproxen 550Mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 22 of 127..

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted and they may increase existing high blood pressure. According to the medical records provided for review there is no reported decrease pain and increased functional activity related directly to the use of naproxen and the injured employee has apparent uncontrolled high blood pressure. For these reasons this request for Naproxen is not medically necessary.

1 Prescription Of Voltaren 100 Mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 22 OF 127.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted and they may increase existing high blood pressure. According to the medical records provided for review there is no reported decrease pain and increased functional activity related directly to the use of Voltaren and the injured employee has apparent uncontrolled high blood pressure. For these reasons this request for Voltaren is not medically necessary.

1 Prescription Of Nexium 20 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Nexium is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Additionally, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the MTUS Chronic Pain Guidelines. Therefore, this request for Nexium is not medically necessary.

1 Prescription Of Remeron 15MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 122 of 127.

Decision rationale: Remeron is a tricyclic antidepressant used in the treatment of major depressive disorder and other mood disorders. According to the most recent progress note dated April 9, 2014, the injured employee is diagnosed with depression as well as anxiety and difficulty sleeping. Considering this, this request for Remeron is medically necessary.

1 Prescription Of Norflex 100Mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Muscle relaxants (for pain Page(s): 63-66 of 127.

Decision rationale: Norflex is a muscle relaxant. According to the MTUS Chronic Pain Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated April 9, 2014, spasms were identified on physical examination. Therefore, this request for Norflex is medically necessary.