

Case Number:	CM14-0060907		
Date Assigned:	07/09/2014	Date of Injury:	08/02/2013
Decision Date:	09/18/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	05/01/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 29-year-old male who has submitted a claim for displacement of lumbar intervertebral disc without myelopathy, lower back pain with left lower extremity radiculopathy, degeneration of lumbar or lumbosacral intervertebral disc, rule out lumbar facet joint syndrome/hypertrophy, and lumbar spondylosis; associated with an industrial injury date of 08/02/2013. Medical records from 2013 to 2014 were reviewed and showed that patient complained of intermittent mild to moderate lumbar spine pain graded 6/10, right shoulder pain graded 4/10, and left testicle pain graded 3/10. Numbness and tingling were noted in the left lower extremity. Pain increases with sitting, standing, and walking; and decreases with medication and therapy to 4/10. Physical examination showed that patient was alert and oriented x3. Paraspinal tenderness and shoulder tenderness with impingement were noted. Treatment to date has included medications, EWST, and physical therapy. Utilization review, dated 03/28/2014, denied the request for cyclobenzaprine because there was no report indicating the need for use of anti-spasmodic medications, and there was no documentation of functional improvement from prior use of Flexeril; denied the request for naproxen because there was no report indicating the need for use of NSAIDs, and these medications are designed to be used to be used for a short duration only; and denied the request for omeprazole because there were no red flags and/or significant findings to support its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg quantity 90:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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 medical records submitted for review do not show objective evidence of spasms, or functional benefit from previous use of cyclobenzaprine. Therefore, the request for Cyclobenzaprine 7.5 mg quantity 90 is not medically necessary.

Naproxen 550 mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain, while it is recommended as a second-line treatment for acute exacerbations of chronic back pain after acetaminophen. Studies in patients with axial low back pain show that NSAIDs were not more effective than acetaminophen for acute low-back pain, and that acetaminophen had fewer side effects. In this case, there was no discussion regarding trial and failure of or intolerance to acetaminophen. Moreover, the present request as submitted failed to indicate whether naproxen is for short term use only. There is no discussion concerning the need for variance from the guidelines. Therefore, the request for Naproxen 550 mg quantity 60 is not medically necessary.

Omeprazole 20 mg Quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

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 medical records submitted for review failed to mention any of the above risk factors, and there was no discussion regarding gastrointestinal complaints. There was no evidence that the patient is at risk for a gastrointestinal event. Therefore, the request for Omeprazole 20 mg quantity 30 is not medically necessary.