

Case Number:	CM14-0175597		
Date Assigned:	10/28/2014	Date of Injury:	06/13/2012
Decision Date:	01/05/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/23/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 61 year old male with a work injury dated 6/13/12. The diagnoses include cervicalgia with history of cervical spondylosis, S/PACDF, C6-7, probable nonunion. (10/13); bilateral rotator cuff tear; lumbar instability. Under consideration are requests for Naproxen 550mg #90; Protonix 20mg #60; and Flexeril 10mg #90. There is an 8/1/14 progress note that states that the shoulder pain and the neck pain persist. Surgery for the shoulders has been authorized and is pending. He completed his PT. C-spine X-rays have been done. On exam there are normal reflex, sensory and power testing to bilateral upper and lower extremities except weakness and numbness bilaterally at C5-C7 and L5-S1, There is an antalgic gait. He is unable to heel-walk and toe-walk bilaterally. There is a positive cervical and lumbar tenderness. There are positive muscle spasms in the paraspinal musculature. Cervical spine ROM decreased 60%. Lumbosacral spine ROM decreased 50%. Femoral stretch negative bilaterally. Positive Lhermitte's and Spurling's sign. Babinski's are downward bilaterally. Decreased ROM right shoulder with impingement. He has not returned to work. The treatment plan is continue the home exercise program. Refill meds: Naproxen y to take first line for pain and inflammation as the patient has failed over the counter NSAIDs including aspirin and ibuprofen. . There is no cardiac history. There is no history of hemoptysis or hematochcia. Protnix a proton pump inhibitor - to use as needed for GI protection due to NSAID use and history of gastritis with medication. The patient has found Fexmid helpful in the past in decreasing muscle spasms. A 4/25/14 document indicates that the patient's shoulder pain is severe. The neck pain is worse. He has severe low back pain and difficulty ambulating. He has not started PT but will start next week. Medications help. He needs refills He has not returned to work. The medications included Anaprox DS, Norflex, Methoderm, and Ultram.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: Naproxen 550mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen for an extended period without evidence of functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.

Protonix 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Protonix 20mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The documentation does not indicate that the patient was using this medication for NSAID induced gastritis. It was deemed that the NSAID was not medically necessary therefore Protonix is not medically necessary.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

Decision rationale: Flexeril 10mg #90 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Flexeril is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine (Flexeril). There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request for Flexeril 10mg #90 is not medically necessary.