

Case Number:	CM14-0177729		
Date Assigned:	10/31/2014	Date of Injury:	04/23/2010
Decision Date:	01/15/2015	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/27/2014

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 New Jersey. 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 worker is a 59 year old male who was injured on 4/23/2010. He was diagnosed with cervical disc disease, bilateral plantar fasciitis, lumbar disc disease with radiculopathy, internal derangement of the left knee, and bilateral shoulder impingement syndrome. He was treated with surgery (shoulders, right knee) and medications. On 3/19/12, the worker was seen by his orthopedic physician reporting persistent and unchanged neck pain, knee pain, low back pain, bilateral foot pain, shoulder pain, and bilateral ankle pain. Physical examination included tenderness of the cervical spine, tenderness of both shoulder joints, tenderness of lumbar spine with spasm, positive straight leg raise, positive cervical compression test and Spurling's test, tenderness of both knee joints with positive patellar compression test and McMurray's sign and crepitus, and tenderness at the plantar fascia of both feet. He was then recommended to take naproxen, omeprazole, and Cidaflex (glucosamine and chondroitin).

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 DOS: 3/19/12: Upheld

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

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was evidence of him being recommended naproxen almost one year prior to 3/19/12 when he was recommended to continue it, but was intended for temporary use when started, according to the records available for review. The worker seemed to continue it chronically after being started on it. There was some evidence to suggest he suffered from osteoarthritis in his joints, however, from the notes, this was not clearly diagnosed. Considering the unclear diagnosis of osteoarthritis that NSAIDs are not intended to be used chronically, and since there was no clear evidence found in the notes showing functional benefit with its continual use, the naproxen is not medically necessary.

Cidaflex tablets #120 DOS: 3/19/12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine (and Chondroitin sulfate) Page(s): 50.

Decision rationale: The MTUS Chronic Pain Guidelines state that glucosamine with or without chondroitin is recommended as an option to treat moderate arthritis, especially for knee osteoarthritis. Although some studies are conflicting and many different products and doses are available, it is still recommended due to its low risk. The best results were of glucosamine sulfate. Glucosamine hydrochloride has had less studies to evaluate its effectiveness. In the case of this worker, there was evidence of him being recommended Cidaflex almost one year prior to 3/19/12 when he was recommended to continue it, but was intended for temporary use when started, according to the records available for review. The worker seemed to continue it chronically after being started on it. There was some evidence to suggest he suffered from osteoarthritis in his joints, however, from the notes, this was not clearly diagnosed. Considering the unclear diagnosis of osteoarthritis and that since there was no clear evidence found in the notes showing functional benefit with its continual use, the Cidaflex is not medically necessary.

Omeprazole delayed release capsules 20mg #120 DOS: 3/19/12: Upheld

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

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was no clear evidence suggesting he was at an elevated risk for gastrointestinal events. Also, since naproxen was considered to be medically unnecessary by the reviewer, there is even less indication for continued use of omeprazole, based on the notes available for review. Therefore, omeprazole is not medically necessary.