

Case Number:	CM14-0182675		
Date Assigned:	11/25/2014	Date of Injury:	07/22/2009
Decision Date:	01/09/2015	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 & Rehabilitation 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:

This 35 year-old patient sustained an injury on 7/22/09 while employed by [REDACTED]. Request(s) under consideration include Omeprazole DR 20mg #30, 1 tablet every day, Cyclobenzaprine 7.5mg #60, 1 tablet 3x a day as needed, Naproxen Sodium 550mg #60, 1 tablet by mouth twice a day with food. Diagnoses include lumbar intervertebral disc disorder with myelopathy s/p L4-5, L5-S1 laminectomy, discectomy and decompression. Conservative care has included medications, physical therapy, and modified activities/rest. Report of 10/2/14 from the provider noted ongoing chronic low back pain radiating to lower extremities. Exam showed focal tenderness over midline L5-S1 and superior iliac crest bilaterally; lumbar range with marked limitations and extensive stiffness in flex/ext; lumbar flex and extension of 35/15 degrees. Current medications include Naproxen, Omeprazole, and Cyclobenzaprine. The request(s) for Omeprazole DR 20mg #30, 1 tablet every day, Cyclobenzaprine 7.5mg #60, 1 tablet 3x a day as needed, Naproxen Sodium 550mg #60, 1 tablet by mouth twice a day with food were denied on 10/7/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole DR 20mg #30, 1 tablet everyday: 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, GI Symptoms and Cardiovascular risk Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hyper secretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. Omeprazole DR 20mg #30, 1 tablet every day is not medically necessary.

Cyclobenzaprine 7.5mg #60, 1 tablet 3x a day as needed: 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 Muscle relaxants Page(s): 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2009. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 7.5mg #60, 1 tablet 3x a day as needed is not medically necessary.

Naproxen Sodium 550mg #60, 1 tablet by mouth twice a day with food: 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 (non-steroidal anti-inflammatory drugs) Page(s): 22.

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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of

acetaminophen. The Naproxen Sodium 550mg #60, 1 tablet by mouth twice a day with food is not medically necessary.