

Case Number:	CM14-0182986		
Date Assigned:	11/07/2014	Date of Injury:	12/08/2010
Decision Date:	02/03/2015	UR Denial Date:	10/13/2014
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 Internal Medicine, 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:

The injured worker (IW) is a 56-year-old man with a date of injury of December 8, 2010. The mechanism of injury was cumulative trauma. Pursuant to a progress note dated September 16, 2014, the IW complains of low back, mid back, right shoulder, and neck pain. The pain is rated 6-7/10. Range of motion from last visit has remained unchanged. The IW is not working. Physical therapy has improved his symptoms. Medications are not very helpful. Objective physical findings revealed neck tenderness with palpation. Range of motion of the right shoulder is abnormal. ROM of the thoracic spine is abnormal. ROM of the lumbar spine is abnormal. There is tenderness over the paraspinal area bilateral to palpation. Straight leg raise test is positive bilaterally. The IW was diagnosed with headache, diabetes mellitus type II, unspecified musculoskeletal disorders and symptom referable to the neck, other unspecified back disorders, anxiety state, cervical neuritis/radiculopathy, lumbago, thoracic or lumbosacral neuritis or radiculitis, and shoulder tenosynovitis. Current medications were not documented in the medical record. The provider is requesting Anaprox DS 550mg, Omeprazole 20mg, and Norflex. There was no indication the IW had GI distress due to medications or a prior history of GI upset with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg, 1 tablet TID as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox 550 mg one tablet TID as needed is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular or renal vascular risk factors. In this case, the injured worker was being treated for cervicalgia, bilateral shoulder strain and thoracolumbar myofascial syndrome. The documentation from a progress note dated September 23, 2014 states "physical therapy helped improve symptoms for the patient. Meds helps very little." Additionally, the symptoms remained unchanged. The documentation does not show objective functional improvement with non-steroidal anti-inflammatory (Anaprox) and the drugs are recommended at the lowest dose for the shortest period of time. The quantity of the request for Anaprox is missing from the documentation. Consequently, Anaprox 550 mg one tablet PO TID is needed is not medically necessary.

Omeprazole 20mg, 1 capsule daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68, 72. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs, GI Effects

Decision rationale: Pursuant to the Official Disability Guidelines, Omeprazole 20 mg one capsule daily is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated when patients use anti-inflammatory drugs and the patient has a history of certain co-morbid conditions or is at risk for certain gastrointestinal events. Risk factors include, but are not limited to age greater than 65; history of practical disease, G.I. bleeding or perforation; concurrent use of Aspirin, corticosteroids or anticoagulants; and or high dose/multiple non-steroidal anti-inflammatory drugs. In this case, the documentation does not reflect the injured worker has a past medical history with risk factors or any comorbid conditions as risk factors. Consequently, Omeprazole is not clinically indicated. Additionally, the quantity of Omeprazole was missing from the request. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Omeprazole 20 mg one capsule daily is not medically necessary.

Norflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norflex (Muscle Relaxants) Page(s): 65. Decision based on Non-MTUS Citation MTUS Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Official Disability Guidelines, Norflex is not medically necessary. The guidelines indicate muscle relaxants are recommended with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs in pain and overall improvement. In this case, the documentation from a progress note dated September 23, 2014 states physical therapy helped improve symptoms for the patient. "Meds help very little." Additionally the symptoms remained unchanged. The documentation shows there is no objective functional improvement with the use of Norflex and consequently, the continuation of Norflex is not clinically indicated. Norflex is indicated for short term use (less than 2 weeks) and the treating physician exceeded the recommended guidelines for use. Also, the frequency and quantity of Norflex is not noted on the request. Based on the clinical information in the medical records and the peer-reviewed evidence-based guidelines, Norflex is not medically necessary.