

Case Number:	CM14-0195060		
Date Assigned:	12/02/2014	Date of Injury:	06/06/2010
Decision Date:	01/20/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/21/2014

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 Occupational 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:

As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia. In this case, the applicant did report issues with reflux, heartburn, and dyspepsia on the October 15, 2014 office visit, which the attending provider claimed had all been successfully attenuated as a result of ongoing Prilosec usage. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications Functional Restoration Approach to Chronic Pain Management 9792.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Anaprox (Naprosyn) do represent the traditional first line of treatment for various chronic pain conditions, including the chronic

multifocal pain complaints reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of both medication efficacy and side effects into his choice of recommendations. In this case, however, the attending provider has not clearly outlined why he is intent on continuing Naprosyn in the face of the applicant's reporting symptoms of gastroesophageal reflux disease and dyspepsia. The attending provider, furthermore, while stating that ongoing usage of Naprosyn has attenuated the applicant's pain complaints, has failed to outline any material improvements in function achieved as a result of the same. The attending provider did not outline what (if any) activities of daily living have been ameliorated as a result of ongoing Naprosyn usage. The fact that the applicant remains off of work and that permanent work restrictions remain in place, seemingly unchanged, from visit to visit, suggests a lack of functional improvement as defined in MTUS, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.

Norflex 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are indicated for short-term use purposes, to combat acute exacerbations of chronic pain. In this case, however, the 60-tablet supply of Norflex at issue implies chronic, long-term, and/or scheduled usage. Such usage, however, is incompatible with that espoused on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as Prilosec are indicated to combat issues with NSAID-induced dyspepsia. In this case, the applicant did report issues with reflux, heartburn, and dyspepsia on the October 15, 2014 office visit, which the attending provider claimed had all been successfully attenuated as a result of ongoing Prilosec usage. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.