

Case Number:	CM14-0200127		
Date Assigned:	12/10/2014	Date of Injury:	02/13/2014
Decision Date:	01/26/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/01/2014

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 48-year-old man with a date of injury of February 13, 2014. The mechanism of injury occurred when the IW was sorting out paper boxes weighing 30 to 40 pounds. The injured worker's working diagnoses are rotator cuff syndrome; shoulder sprain/strain; lumbar radiculopathy; lumbar sprain/strain; cervical radiculopathy; knee sprain/strain; and insomnia. Pursuant to the progress note dated November 3, 2014, the IW complains of bilateral shoulder pain rated 9/10. The pain is reduced to 5/10 with medications. He also reports low back pain radiating to the bilateral lower extremities, bilateral knee pain, neck pain, headaches, and loss of sleep. Objectively, there is tenderness and spasm in the lumbar spine, and cervical spine. There is decreased range of motion (ROM) in the lumbar and cervical spine. Tenderness is noted in the shoulders and knees. There is decreased ROM in the shoulders and knees. Current medications include Anaprox DS 550mg, Cyclobenzaprine 7.5mg, Hydrocodone 10/325mg, and Prilosec 20mg. Documentation indicates the IW has been taking the aforementioned medications since at least August 1, 2014. There were no detailed pain assessments or evidence of objective functional improvement associated with the long-term use of Anaprox DS, Cyclobenzaprine, and Omeprazole. The current request is for Anaprox DS 550mg #60, Cyclobenzaprine 7.5mg #60, and Omeprazole 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

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 #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, the injured worker's working diagnoses are lumbar herniated disc; multilevel lumbar discogenic disease; and lumbar radiculopathy. The injured worker has been taking Anaprox 550 mg long-term (earliest note August 2014). There is no documentation in the medical record showing objective functional improvement associated with the nonsteroidal anti-inflammatory, Anaprox. Anaprox is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker has been taking Anaprox approximately 5 months in excess of the recommended guidelines. Consequently, absent are the appropriate clinical indications and rationale. Anaprox 550 mg #60 is not medically necessary.

Omeprazole 20mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in patients taking nonsteroidal anti-inflammatory drugs that have risks for certain gastrointestinal events. These risks include, but are not limited to, a greater than 65 years; history of peptic ulcer disease, G.I. bleeding or perforation; concurrent use of aspirin or steroids; or high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are lumbar herniated disc; multilevel lumbar discogenic disease; and lumbar radiculopathy. The documentation does not show any comorbid conditions or past medical history compatible with the risk factors enumerated above. Specifically, there is no history of peptic ulcer disease, G.I. bleeding or concurrent use of aspirin or steroids. Consequently, absent the appropriate clinical indications for clinical rationale for continued use, Omeprazole 20 mg #60 is not medically necessary.

Cyclobenzaprine 75mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 75 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time prolonged use may lead to dependence. In this case, the injured workers working diagnoses are lumbar herniated disc; multilevel lumbar discogenic disease; and lumbar radiculopathy. Cyclobenzaprine 75 mg is documented in a progress note as far back as August 2014. Muscle relaxants are indicated for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. The treating physician has exceeded the recommended guidelines (less than two weeks). Additionally, there is no documentation of acute low back pain or exacerbation of chronic low back pain in the record. Consequently, absent the appropriate clinical indications and clinical rationale along with exceeding the recommended guidelines (less than two weeks), Cyclobenzaprine 75 mg #60 is not medically necessary.