

Case Number:	CM14-0203292		
Date Assigned:	12/30/2014	Date of Injury:	05/12/2004
Decision Date:	02/13/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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 Practice 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:

61 yr. old female claimant sustained a work injury on 5/12/04 involving the shoulders, neck and head. She was diagnosed with cervical discopathy, cervical radiculopathy, and bilateral shoulder impingement syndrome. A progress note on 11/3/14 indicated the claimant had continued pain in the involved areas. Exam findings were notable for a positive Spurling's test bilaterally, paracervical tenderness and acromioclavicular tenderness bilaterally. The claimant had been on Norco, Fexmid, Nalfon, Ultram and Cyclobenzaprine which were continued for pain control and muscle spasms. The claimant had been on the above medications for over 6 months including various NSAIDs with similar pain and dysfunction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon (Feneprofen Calcium) 400mg #90: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients

with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. In addition, there is no indication for combining multiple classes of pain medication. Continued use of Nalfon is not medically necessary.

Prilosec (Omeprazole) 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, proton pump inhibitor.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. Therefore, the continued use of Prilosec is not medically necessary.

Fexmid (cyclobenzaprine) 7.5mg #120: Upheld

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

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Fexmid in combination with NSAIDs and opioids for a prolonged period. Continued use is not medically necessary.