

Case Number:	CM14-0204930		
Date Assigned:	12/18/2014	Date of Injury:	03/19/2012
Decision Date:	02/13/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 patient is a 27 year old male who was injured on 3/19/2012. The diagnoses are lumbar radiculitis, myalgia, low back pain and depression. The patient completed PT, home exercise program and epidural steroid injection. On 12/7/2014, [REDACTED] / [REDACTED] [REDACTED] noted subjective complaint of pain score of 6-7/10 without medications but 4-5/10 with medications. There was low back pain associated with numbness of the right thigh. There was objective finding of tenderness to palpation of the lumbar sacral spine, positive Patrick's and Gaenslen's signs and decreased sensation on the right L4-L5 dermatomes. The straight leg raising test was positive. The UDS reports are consistent with prescribed opioid but negative for prescribed gabapentin. The medications listed are Norco, Effexor, Naproxen, Omeprazole and Flexeril. A Utilization Review determination was rendered on 11/13/2014 recommending non certification for Norco 10/325mg #90, Flexeril 7.5mg #60, Naproxen 550mg #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:

Norco 10/325mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96, 124.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for treatment of severe musculoskeletal pain when standard treatments with NSAIDs and PT have failed. The chronic use of opioids can be associated with the development of tolerance, dependency, sedation and adverse interaction with other sedatives. The records show documentation of compliance monitoring measures such as UDS and functional restoration. There is no documentation of adverse effect or aberrant drug behavior. The criteria for the use of Norco 10/325mg #90 was met. The request is medically necessary.

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter. Muscle relaxants.

Decision rationale: The CA MTUS and the ODG guidelines recommend that muscle relaxants can be utilized for the short term treatment of exacerbation of musculoskeletal pain when treatment with NSAIDs and PT have failed. The chronic use of muscle relaxant is associated with the development of tolerance, dependency, sedation and adverse interactions with sedatives. The records indicate that the patient had utilized Flexeril longer than the maximum period of 4 weeks recommended by the guidelines. The patient is also utilizing other sedating medications. The criteria for the use of Flexeril 7.5mg #60 was not met. The request is not medically necessary.

Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The records indicate that the patient is utilizing Naproxen for the control of exacerbation of pain. There is documentation of effective pain relief without adverse effects. The criteria for the use of Naproxen 550mg #60 was met. The request is medically necessary.

Omeprazole 20mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Proton Pump inhibitors.

Decision rationale: The CA MTUS and the ODG guidelines recommend that proton pump inhibitors can be utilized for the prevention and treatment of NSAIDs induced gastrointestinal complications. The records indicate that the patient is utilizing omeprazole for the prevention and treatment of gastritis associated with the use of Naproxen. The medication is reported to be efficacious. There is no reported adverse effect. The criteria for the use of Omeprazole 20mg #60 was met. The request is medically necessary.