

Case Number:	CM14-0205444		
Date Assigned:	01/26/2015	Date of Injury:	10/18/2012
Decision Date:	03/05/2015	UR Denial Date:	12/04/2014
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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 54-year-old woman with a date of injury of October 18, 2012. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are cervical spine strain/sprain; bilateral shoulder sprain/strain and impingement; bilateral wrist sprain/strain; lumbosacral sprain/strain; right knee, ACL strain/sprain; left knee ACL tear status post (?); and right ankle sprain/strain. Pursuant to the progress reports dated December 5, 2014, the IW complains of neck pain, and low back pain. The IW reports the pain in the lower back radiates to her legs. The pain interferes with her daily activities and sleep. She reports Naproxen and Norco help with the pain. She reports without medications, her pain is rated 8/10. Examination of the lumbar spine reveals paravertebral tenderness in the lower lumbar region. There is paracervical tenderness in the cervical spine. Straight leg raise test is positive. The IW ambulates with a crutch. Current medications are not listed in the most recent progress note, however, the treating physician reports he is going to stop the Naproxen due to the injured worker's high blood pressure and start her on Celebrex 200mg. There are several urine drug screens (UDS) in the record with inconsistencies. Of note, the UDS dated June 4, 2013 was positive for Flexeril (Cyclobenzaprine), which was not a prescribed medication at the time. A UDS dated September 25, 2013 was negative for Hydrocodone (Norco), Ambien, and Lorazepam, which were all prescribed medications at the time. The IW has been taking Norco, Prilosec and Naproxen since at least September 11, 2013, according to a progress note with the same date. It is unclear as to the start dates of the aforementioned medications. There were no pain assessments in the medical record. There were no risk assessments in the medical record.

There was no discussion by the treating physician regarding the multiple inconsistent urine drug screens. There was no evidence of objective functional improvement associated with the ongoing use of Norco, Naproxen, and Prilosec. The IW has been taking Flexeril since at least September 2, 2014, according to a progress note with the same date. It is unclear if this was a refill or new prescription. There was no evidence of objective functional improvement associated with the ongoing use of Flexeril. There was no subjective or objective documentation or findings of muscle spasms. The current request is for Norco 10mg #60, Naprosyn 550mg, Flexeril 7.5mg, and Prilosec 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10 mg #60 is not medically necessary. Chronic, ongoing opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical spine strain/sprain; bilateral shoulder sprain/strain and impingement; bilateral wrist sprain/strain; lumbosacral sprain/strain; right knee, MCL strain/sprain; left knee ACL tear status post (?); and right ankle sprain/strain. The documentation indicates the injured worker was taking Norco as far back as September 11, 2013. There are multiple physicians treating this patient per the medical record. There is no documentation of objective functional improvement associated with the continued use of Norco. There are no detailed pain assessment in the medical record. There are multiple inconsistent urine drug screens the medical record. Consequently, absent clinical documentation to support the ongoing use of Norco, multiple inconsistent urine drug screens, no evidence of objective functional improvement, Norco 10 mg #16 is not medically necessary.

Naprosyn 55mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550mg #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. Additional details see the Official Disability Guidelines. In this case, the injured worker's working diagnoses are cervical spine strain/sprain; bilateral shoulder sprain/strain and impingement; bilateral wrist sprain/strain; lumbosacral sprain/strain; right knee, MCL strain/sprain; left knee ACL tear status post (?); and right ankle sprain/strain. The documentation indicates the injured worker was taking Naproxen 550 mg (record indicates Naprosyn 550 mg). Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. Additionally, the medical record does not contain documentation of objective functional improvement to support its continued use. Consequently, absent clinical documentation to support the ongoing use of Naproxen with evidence of objective functional improvement, Naproxen 550 mg is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Flexeril 7.5 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option 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. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are cervical spine strain/sprain; bilateral shoulder sprain/strain and impingement; bilateral wrist sprain/strain; lumbosacral sprain/strain; right knee, MCL strain/sprain; left knee ACL tear status post (?); and right ankle sprain/strain. The documentation in the medical record indicates Flexeril was being prescribed in September 2014 in a progress note dated September 2, 2014. The documentation does not state whether this is a refill or whether it was first prescribed at this point. The injured worker had multiple urine drug screens that were all inconsistent. The documentation does not contain evidence of objective functional improvement with continued Flexeril use. Consequently, absent clinical documentation to support the ongoing use of Flexeril without objective functional improvement associated with its use, Flexeril 7.5 mg #60 is not medically necessary.

Prilosec 20mg #60: Upheld

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

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, NSAI and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg # 60 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic culture, G.I. bleeding; concurrent use of aspirin or corticosteroids; and high dose or multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are cervical spine strain/sprain; bilateral shoulder sprain/strain and impingement; bilateral wrist sprain/strain; lumbosacral sprain/strain; right knee, MCL strain/sprain; left knee ACL tear status post (?); and right ankle sprain/strain. Prilosec has been prescribed by the treating physician as far back as September 11, 2013. The documentation does not contain any co-morbid conditions or past medical history compatible with G.I. bleeding, peptic ulcer disease, concurrent aspirin use, etc. Consequently, absent clinical indications for Prilosec and documentation to support continued Prilosec, Prilosec 20 mg #60 is not medically necessary.