MAXIMUS Federal Services

Case Number:	CM14-0219163		
Date Assigned:	01/09/2015	Date of Injury:	10/10/2009
Decision Date:	04/08/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/31/2014

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: New York
Certification(s)/Specialty: Emergency 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 is a 69 year old female, who sustained an industrial injury on 10/10/2009. The current diagnoses are lumbosacral strain, thoracic sprain/strain, and myofascial pain. Past medical history includes seizures, asthma, and abdominal trauma with a colostomy and reversal. An occupational medicine note dated 10/7/2014 documents ongoing low back pain with increased right lower extremity tingling and numbness extending to the toes. Physical examination documents an antalgic gait as well as tenderness to palpation of the lumbar spine with spams. Treatment to date has included medications including nonsteroidal anti-inflammatory medications, narcotics, and muscle relaxants, heat, home exercise program, TENS unit, and aqua therapy. The treating physician is requesting Norco 7.5/325mg #60, Cyclobenzaprine 7.5mg #30, Omeprazole 20mg #60, and Naproxen 550mg #60, which is now under review. The IW remained permanent and stationary. On 12/2/2014, Utilization Review had non-certified a request for the requested medications. California MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 MG 1 Tab BID Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. The included documentation fails to include the above recommended documentation. In addition, the request does not include dosing frequency or duration. There is not toxicology report included in the record. The request for opiate analgesia is not medically necessary.

Cyclobenzaprine 7.5 MG Qty 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to CA MTUS, cyclobenzaprine is recommended as an option for short course of therapy. Effect is noted to be modest and is greatest in the first 4 days of treatment. The IW has been receiving this prescription for a minimum of 6 months according to submitted records. This greatly exceeds the recommended timeframe of treatment. In addition, the IW's response to this medication is not discussed in the documentation. The request is not medically necessary.

Omeprazole 20 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: According to CA MTUS, gastrointestinal protectant agents are recommended for patients that are at increased risk for gastrointestinal events. These risks include age >65, history or gastrointestinal bleeding or peptic ulcers, concomitant use of NSAIDs and corticosteroids or aspirin, or high dose NSAID use. The chart does not document any of these risk factors other than age category. Past medical history does not include any gastrointestinal bleeding disorders, there is no history of poor tolerance to NSAIDs documented

and there are not abdominal examinations noted in the chart. The IW does have a history of traumatic abdominal injury, but this involved the colon. It should be noted the IW does have a history of asthma and bronchitis. While it is reasonable that she may be placed on corticosteroids on occasion for treatment of this condition, the IW is not currently noted to be on steroids. The request does not include dosing frequency. For the listed reasons, Omeprazole is not medically necessary based on the MTUS guidelines.

Naproxen 550 MG Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, Anti-inflammatory medications Page(s): 66, 22.

Decision rationale: According to CA MTUS chronic pain guidelines, Naproxen is a nonsteroidal anti-inflammatory drug that is used for the treatment of osteoarthritis. Further stated, non-steroidal anti-inflammatory agents are recommended as an option for short term symptomatic relief for the treatment of chronic low back pain. It is recommended that the lowest dose be utilized for a minimal duration of time. The documentation does not document a diagnosis of osteoarthritis. Improvement of symptoms specifically to the use of NSAIDs currently prescribed is not documented. Additionally, the request does include frequency and dosing of this medication. The request is medically not necessary.