

Case Number:	CM15-0003817		
Date Assigned:	02/25/2015	Date of Injury:	08/06/2009
Decision Date:	04/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	01/08/2015

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
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 49 year old male, who sustained an industrial injury on 08/06/2009. He has reported subsequent back and neck pain and was diagnosed with cervical and lumbar strain/sprain and radiculopathy. Treatment to date has included oral pain medication and lumbar epidural steroid injections. In a progress note dated 11/21/2014, the injured worker complained of continued 8-9/10 back and neck pain that decreased to a 4-5/10 with pain medication. Objective physical examination findings were notable for tenderness and spasm of the cervical and lumbar paravertebral muscles. There was no documentation of gastrointestinal complaints of subjective or objective gastrointestinal examination findings documented during this visit. Requests for authorization of Naproxen, Omeprazole and Cyclobenzaprine refills were made. On 12/09/2014, Utilization Review non-certified requests for Naproxen, Omeprazole and Cyclobenzaprine, noting that there was no documentation of significant improvement in pain or objective measures of functional improvement to warrant continued use of the medications. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE Omeprazole 20mg 1 tab BID before meals #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 NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69.

Decision rationale: The requested RETROSPECTIVE Omeprazole 20mg 1 tab BID before meals #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has back and neck pain that decreased to a 4-5/10 with pain medication. Objective physical examination findings were notable for tenderness and spasm of the cervical and lumbar paravertebral muscles. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, RETROSPECTIVE Omeprazole 20mg 1 tab BID before meals #60 is not medically necessary.

RETROSPECTIVE Cyclobenzaprine 7.5mg 1 tab before bedtime #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Cyclobenzaprine Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66 Page(s): 63-66.

Decision rationale: The requested RETROSPECTIVE Cyclobenzaprine 7.5mg 1 tab before bedtime #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has back and neck pain that decreased to a 4-5/10 with pain medication. Objective physical examination findings were notable for tenderness and spasm of the cervical and lumbar paravertebral muscles. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, RETROSPECTIVE Cyclobenzaprine 7.5mg 1 tab before bedtime #60 is not medically necessary.

RETROSPECTIVE Naproxen 550mg 1 tab BID after meals #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list Page(s): 67-68, 73.

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

Decision rationale: The requested RETROSPECTIVE Naproxen 550mg 1 tab BID after meals #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted". The injured worker has back and neck pain that decreased to a 4-5/10 with pain medication. Objective physical examination findings were notable for tenderness and spasm of the cervical and lumbar paravertebral muscles. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use which has been prescribed since August 2013, nor hepatorenal lab testing. The criteria noted above not having been met, RETROSPECTIVE Naproxen 550mg 1 tab BID after meals #60 #60 is not medically necessary.