

Case Number:	CM15-0103076		
Date Assigned:	06/05/2015	Date of Injury:	04/08/2012
Decision Date:	07/07/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 37 year old male who sustained an industrial injury on 04/08/2012 resulting in left elbow, ribs, back and left knee. Treatment provided to date has included: lumbar injections, and medications. No recent diagnostic testing or results were provided or discussed. Other noted dates of injury documented in the medical record include: right shoulder injury in 2003. There were no noted comorbidities. On 0/29/2015, physician progress report noted complaints of left shoulder pain, cervical spine pain, lumbar spine pain, and left knee pain without significant improvement from previous exam. The left shoulder pain is described as worsening. Cervical pain is described as worsening and reported to radiate to the left shoulder. The injured worker reported that his current medications allow him to function. Current medications include omeprazole, Naproxen, cyclobenzaprine and Norco. The injured worker has been prescribed these medications for several months. There was no pain rating provided. The physical exam revealed tenderness to palpation of the lower ribcage, tenderness to the left elbow, tenderness to the paraspinal muscles of the lumbar spine with spasms present, restricted range of motion (ROM) in the lumbar spine, positive straight leg raises bilaterally, and walking on heels elicits pain. The provider noted diagnoses of lumbar strain/sprain, contusion of the chest wall, strains/sprains of the elbow and forearm not otherwise specified, contusion of the knee, anxiety disorder, and stomach disorders. Plan of care includes continuation of medications (Norco, omeprazole, naproxen and cyclobenzaprine), proceed with chiropractic therapy, MRI of the left shoulder and thoracic spine. Requested treatments include Norco, omeprazole and cyclobenzaprine HCL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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 Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for an unknown length of time in combination with NSAIDS. Failure of Tylenol was not noted. The Norco use was not substantiated and is not medically necessary.

Omeprazole 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: According to the MTUS guidelines, Omeprazole 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. The claimant had been on Naproxen for over 6 months. Altering or reducing NSAID use would be more appropriate rather than prolonged use of Omeprazole for gastric protection. Therefore, the continued use of Omeprazole with 2 refills is not medically necessary.

Cyclobenzaprine HCL #60: 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 Flexeril for over 6 months and in combination with NSAIDs without pain score documentation. Continued use is not medically necessary.