

Case Number:	CM15-0141272		
Date Assigned:	08/25/2015	Date of Injury:	02/12/1998
Decision Date:	09/21/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/21/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on 02-12-1998 secondary to lifting heavy boxes resulting in low back pain that radiated down his legs. On provider visit dated 06-22-2015 the injured worker has reported low back and neck pain. On examination, the lumbar spine was grossly abnormal. Decreased extension was noted due to pain radiating right leg. Neck was noted to have good range of motion and pain was noted going into both shoulders. Diagnoses have included lumbar discogenic disease and cervical discogenic disease. Treatment to date has included aqua therapy, medication and surgical intervention. The provider requested Naproxen, Omeprazole and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1998 and continues to be treated for chronic neck and low back pain. He has a past medical history of hypertension and review of systems is negative for gastrointestinal problems. When seen, physical examination findings included decreased and painful cervical spine range of motion with radiating symptoms into the shoulders. There was decreased lumbar spine range of motion with pain radiating into the right leg. His BMI is over 34. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is not specified and whether it is consistent with that recommended is unknown. The request submitted is not medically necessary.

Omeprazole, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1998 and continues to be treated for chronic neck and low back pain. He has a past medical history of hypertension and review of systems is negative for gastrointestinal problems. When seen, physical examination findings included decreased and painful cervical spine range of motion with radiating symptoms into the shoulders. There was decreased lumbar spine range of motion with pain radiating into the right leg. His BMI is over 34. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as omeprazole is not medically necessary.

Cyclobenzaprine, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), page 41 (2) Muscle relaxants, page 63.

Decision rationale: The claimant has a remote history of a work injury occurring in February 1998 and continues to be treated for chronic neck and low back pain. He has a past medical history of hypertension and review of systems is negative for gastrointestinal problems. When seen, physical examination findings included decreased and painful cervical spine range of motion with radiating symptoms into the shoulders. There was decreased lumbar

spine range of motion with pain radiating into the right leg. His BMI is over 34. Flexeril (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and is not medically necessary.