

Case Number:	CM15-0160928		
Date Assigned:	08/27/2015	Date of Injury:	09/25/2012
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/17/2015

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, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old, female who sustained a work related injury on 9-25-12. The diagnoses have included cervical disc status post surgery, right shoulder strain-sprain, right thumb tendinitis, vertigo and depression. Treatments have included oral medications, physical therapy and cervical spine surgery. In the PR-2 dated 6-3-15, the injured worker reports continuing pain to the right side of her neck. She has occasional front side neck pain radiating to her right shoulder and right thumb and fingers with numbness and tingling. Her right thumb, index and middle fingers get tingly and she drops things. She gets spasms and swelling and finds it difficult to sleep. She has decreased concentration, poor memory, increased crying spells, sadness and wakes up easily at night with pain in her right shoulder and neck region. At times, she gets desperate. On physical exam, she has tenderness to the C4-C7, right paraspinal structures, right biceps tendon, and acromioclavicular subacromial bursa. She has decreased range of motion with base of right thumb. She has decreased sensation to the C5-C7 dermatomes. She is not working at present. The treatment plan includes refills of medications and creams and a request for a second spine surgical opinion consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDS Page(s): 66, 67-73.

Decision rationale: Per the CA MTUS guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) usually prescribed for osteoarthritis or pain. This injured worker has not been diagnosed with osteoarthritis. The provider does not state why the Naproxen was ordered. There is insufficient documentation of improvements with her functional capabilities or changes in his pain levels from treatments already prescribed and utilized. She has taken the Naproxen for an undetermined length of time. Therefore, the requested treatment of Naproxen is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

Decision rationale: Per the CA MTUS guidelines, Omeprazole (Prilosec) is a proton pump inhibitor used for gastrointestinal issues due to taking non-steroidal anti-inflammatory medications or opioids. She has no risk factors such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID + low-dose ASA). She does not have any gastrointestinal complaints. Therefore, the requested treatment of Omeprazole is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 41-42, 63-64.

Decision rationale: Per the CA MTUS guidelines, "Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by ██████████ ██████████" Cyclobenzaprine is recommended as an option for a short course of therapy. "The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Long-term use of Cyclobenzaprine is not recommended. She has been taking this medication for an undetermined length of time. There is insufficient documentation that the Cyclobenzaprine is helping to decrease her spasms. Because of insufficient documentation and since long-term use of Cyclobenzaprine is not recommended, the treatment request for Cyclobenzaprine is not medically necessary.

Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Per the CA MTUS guidelines, "Tramadol (Ultram; Ultram ER; generic available in immediate release tablet): Tramadol is a synthetic opioid affecting the central nervous system. Tramadol is not classified as a controlled substance by the DEA." "Tramadol is indicated for moderate to severe pain." Opioids are not recommended for long-term use. It is noted that the injured worker has been on this medication for an undetermined length of time. Documentation does not include a toxicology screen as recommended by the guidelines. There is insufficient documentation of pain levels or functional capabilities. She is not working. Since there is no documentation of decreased pain levels, a change in overall pain or an improvement in functional capabilities, the requested treatment of Tramadol is not medically necessary.