

Case Number:	CM15-0190857		
Date Assigned:	10/05/2015	Date of Injury:	08/13/2014
Decision Date:	11/18/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/28/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old male injured worker suffered an industrial injury on 8-13-2014. The diagnoses included lumbar spine strain-sprain and chronic right epicondylitis. On 8-10-2015 the treating provider reported l w back pain and right elbow pain. On exam the lumbar muscles had spasms with tenderness and restricted range of motion. The reflexes in the right leg were slightly diminishes. The range of motion of the right elbow was slightly restricted. Prior treatment included medication and steroid injections to the elbow. The medical record was unclear as to how long the requested treatment had been in use. There was no description of the effectiveness of the requested treatment. Diagnostics included lumbar x-rays 8-10-2015 and right elbow magnetic resonance imaging 5-5-2015. Request for Authorization date was 8-20-2015. The Utilization Review on 8-27-2015 determined non-certification for Naproxen 500mg #60, Prilosec 20mg #30 and Flexeril 5mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with low back pain. He also has complaints of pain at the lateral aspect of the right elbow. The request is for Naproxen 500MG #60. The request for authorization is dated 08/20/15. Patient's diagnoses include lumbar spine strain/sprain; chronic medial and lateral epicondylitis, right elbow. Physical examination reveals spasm of the right paralumbers. Tenderness of the L4-L5 spinous process and L3. Range of motion is restricted. Reflexes on the right leg are slightly diminished. Range of motion of the right elbow is slightly restricted. There is tenderness over the common flexor tendon. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. This appears to be the initial trial prescription of Naproxen. Since this is the initial prescription, the treater has not had the opportunity to discuss and document the medication efficacy. Therefore, the request is medically necessary.

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The patient presents with low back pain. He also has complaints of pain at the lateral aspect of the right elbow. The request is for PRILOSEC 20MG #30. The request for authorization is 08/20/15. Patient's diagnoses include lumbar spine strain/sprain; chronic medial and lateral epicondylitis, right elbow. Physical examination reveals spasm of the right paralumbers. Tenderness of the L4-L5 spinous process and L3. Range of motion is restricted. Reflexes on the right leg are slightly diminished. Range of motion of the right elbow is slightly restricted. There is tenderness over the common flexor tendon. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states, "Clinicians should weight 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Treater does not specifically discuss this medication. This is the initial trial prescription for Prilosec. In this case, the patient is prescribed Naproxen, an NSAID. However, treater does not

document GI assessment to warrant a prophylactic use of a PPI. Additionally, treater does not discuss what gastric complaints there are and why the patient needs to take it. Therefore, given the lack of documentation, the request IS NOT medically necessary.

Flexeril 5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

Decision rationale: The patient presents with low back pain. He also has complaints of pain at the lateral aspect of the right elbow. The request is for Flexeril 5MG #30. The request for authorization is 08/20/15. Patient's diagnoses include lumbar spine strain/sprain; chronic medial and lateral epicondylitis, right elbow. Physical examination reveals spasm of the right paralumbar. Tenderness of the L4-L5 spinous process and L3. Range of motion is restricted. Reflexes on the right leg are slightly diminished. Range of motion of the right elbow is slightly restricted. There is tenderness over the common flexor tendon. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." This appears to be the initial trial prescription for Flexeril. MTUS guidelines support the use of this medication for 2-3 weeks provided its use is directed at acute injury or recent flare up. In this case, the patient presents with chronic pain to the low back and right elbow. Treater does not specifically discuss this medication, nor indicate it will be used for acute injury or recent flare up. Given the lack of documentation, this request would not be in accordance with guidelines. Therefore, the request is not medically necessary.