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| Case Number: | CM15-0192336 | | |
| Date Assigned: | 10/09/2015 | Date of Injury: | 10/29/2012 |
| Decision Date: | 11/24/2015 | UR Denial Date: | 09/14/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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, Hawaii

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:

This is a 57-year-old female with a date of industrial injury 10-29-2012. The medical records indicated the injured worker (IW) was treated for neural encroachment L5-S1 with radiculopathy, refractory. In the progress notes (8-14-15 and 9-4-15), the IW reported low back pain with right lower extremity symptoms, rated 7 out of 10 on 8-14-15; no pain level was documented on 9-4-15. Medications included Naproxen (since at least 3-2015), Pantoprazole (since at least 3-2015), Cyclobenzaprine (since at least 3-2015) and Cymbalta. The notes indicated the IW also took hydrocodone for severe pain only as needed. It was stated Cymbalta and Naproxen reduced pain by a total of 4 to 6 points and 3 points, respectively, on a scale of 10, allowing better tolerance of activities of daily living, household chores and exercise regimen. The provider documented the IW's Pantoprazole had prevented gastrointestinal upset with NSAID intake and Cyclobenzaprine had reduced her spasms for 4 to 6 hours at a time. The toxicology report on 4-29-15 was negative for all drugs tested. On examination (9-4-15 notes), there was tenderness in the lumbar spine, positive straight leg raise bilaterally and diminished sensation in the bilateral L4 through S1 dermatomes, greater on the left. There was some weakness in the left quadriceps and extensor hallucis longus. Spasms were noted in the lumbar paraspinal musculature. Treatments included TENS unit (with benefit) and medications (with benefit), physical therapy, heat, home exercise and activity modification. A Request for Authorization was received for Naproxen 550mg, #90, Pantoprazole 20mg, #90 and Cyclobenzaprine 7.5mg, #90. The Utilization Review on 9-14-15 non-certified the request for Naproxen 550mg, #90, Pantoprazole 20mg, #90 and Cyclobenzaprine 7.5mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with pain affecting the low back with radiation into the right lower extremity. The current request is for Naproxen 550mg #90. The treating physician report dated 7/17/15 (168B) states, "NSAID does facilitate improved range of motion and decreased "achy pain" an additional 3 point average with improved range of motion." Regarding NSAID's, MTUS page 68 states, "There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a record of pain and function with the medication was found in the medical reports provided for review. Furthermore, the patient experiences functional improvement from the use of Naproxen. The current request satisfies the MTUS guidelines as there is documentation of functional improvement and evidence of the medications efficacy in treating the patient's symptoms. The current request is medically necessary.

Pantoprazole 20mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with pain affecting the low back with radiation into the right lower extremity. The current request is for Naproxen 550mg #90. The treating physician report dated 7/17/15 (168B) states, "Patient today recalls history of GI upset with NSAID with no PPI, PPI at qd and bid dosing, however denies GI upset with PPI at current dose, tid". Recalls failed 1st line PPI." The MTUS guidelines state Omeprazole is recommended with precautions, "(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)." Clinician should weigh indications for NSAIDs against GI and cardio vascular risk factors, determining if the patient is at risk for gastrointestinal events. In this case, there is documentation provided of current NSAID use in the form of Naproxen. Furthermore, there is an indication that the patient is at risk for gastrointestinal events, and this is relieved with the use of Pantoprazole. The current request satisfies the MTUS guidelines as outlined on pages 68-69. The current request is medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

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

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

Decision rationale: The patient presents with pain affecting the low back with radiation into the right lower extremity. The current request is for Cyclobenzaprine 7.5mg #90. The treating physician report dated 4/15/15 (153B) states, "Dispensed cyclobenzaprine 7.5 mg #90". "MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 states the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. The medical reports provided indicate that the patient was prescribed this medication on 4/15/15 (153B). In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. The current request is not medically necessary.