

Case Number:	CM15-0194637		
Date Assigned:	10/08/2015	Date of Injury:	02/20/2015
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/05/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 54 year old female, who sustained an industrial injury on 2-20-2015. The injured worker was being treated for cervical sprain and strain with regional myofascial pain, low back pain with myofascial pain, and lumbar or lumbosacral disc degeneration. Medical records (9-23-2015) indicate the injured worker reported ongoing neck pain that involves the top of the bilateral shoulders. Associated symptoms include right greater than left upper extremity paresthesias radiating to the fingertips and occasional right hand weakness. She reported right greater than left low back pain radiating down the right leg. She reported pain is moderate to severe. Rest, heat, ice, and muscle relaxers help the pain. The physical exam (9-23-2015) revealed a slow and cautious, non-antalgic gait. There was decreased lumbar active range of motion in all directions due to pain and guarding, normal muscle strength in the upper and lower extremities, and 1+ and equal deep tendon reflexes in the upper and lower extremities. There was decreased cervical active range of motion in all directions due to pain and guarding. There was diffuse myofascial pain of the neck, shoulder girdle, low back, and hip girdle. Her pain was reproduced much of her pain in these areas. On 8-14-2015, an MRI of the lumbar spine revealed mild dextroconcave lumbosacral p curvature without acute injury or dominant disc herniation. There was degenerative change most pronounced at lumbar 3-4 (lumbar 3-4) with a mild diffuse disc bulge and a shallow posterior central protrusion. There was minimal impressing of the thecal sac and minimal central canal and mild bilateral neural foraminal narrowing. Surgeries to date have included cervical in 1998. Treatment has included physical therapy, Botox injections, and medications including pain, muscle relaxant (Flexeril since at least 7-2015), proton pump

inhibitor (Prilosec since at least 7-2015) and non-steroidal anti-inflammatory (Naprosyn since at least 7-2015). Per the treating physician (8-28-2015 report), the injured worker had exhausted her modified duty. The requested treatments included Naprosyn 500mg #60 with two refills, Flexeril 10mg #30 with two refills, and Omeprazole 20mg #30 with two refills. On 9-29-2015, the original utilization review modified a request for Flexeril 10mg #30 with two refills and non-certified requests Naprosyn 500mg #60 with two refills and Omeprazole 20mg #30 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60 with two refills: Upheld

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naprosyn 500mg #60 with two refills is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical sprain strain with regional myofascial pain; low back pain with regional myofascial pain; and lumbar/lumbosacral disc degeneration. Date of injury is February 20, 2015. Request for authorization is September 23, 2015. According to a progress note dated June 16, 2015, medications include Naprosyn, Flexeril and Prilosec. Prilosec was prescribed to "protect the stomach". According to a September 23, 2015 progress note, subjectively there is diffuse neck pain that radiates to the shoulders and low back pain, right greater than left, radiating to the right leg. The occupational health provider (prior to the new patient September 23, 2015 visit) will not refill any of the medications. Objectively, there is cervical and lumbar spine decreased range of motion with tenderness to palpation. There is no documentation demonstrating objective functional improvement. The Naprosyn start date is not specified. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no documentation showing an attempt to wean Naprosyn. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation showing an attempt to wean and no documentation-demonstrating objective functional improvement to support ongoing Naprosyn, Naprosyn 500mg #60 with two refills is not medically necessary.

Flexeril 10mg #30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC) Pain Procedure Summary last updated 9/8/2015, non-sedating muscle relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10mg #30 with two refills is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are cervical sprain strain with regional myofascial pain; low back pain with regional myofascial pain; and lumbar/lumbosacral disc degeneration. Date of injury is February 20, 2015. Request for authorization is September 23, 2015. According to a progress note dated June 16, 2015, medications include Naprosyn, Flexeril and Prilosec. Prilosec was prescribed to "protect the stomach". According to a September 23, 2015 progress note, subjectively there is diffuse neck pain that radiates to the shoulders and low back pain, right greater than left, radiating to the right leg. The occupational health provider (prior to the new patient September 23, 2015 visit) will not refill any of the medications. Objectively, there is cervical and lumbar spine decreased range of motion with tenderness to palpation. There is no documentation demonstrating objective functional improvement to support ongoing Flexeril. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or energy exacerbation of chronic low back pain. At a minimum, the treating provider prescribed Flexeril in excess of three months. The start date is not specified in the total duration of use is not documented. The guidelines recommend short-term (less than two weeks). Based on clinical information medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, documentation indicating the treating provider prescribed Flexeril, at a minimum, three months in excess of the recommended guidelines for short-term use and no documentation of acute low back pain or an acute exacerbation of chronic low back pain, Flexeril 10mg #30 with two refills is not medically necessary.

Omeprazole 20mg #30 with two refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #30 with two refills is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are cervical sprain strain with regional myofascial pain; low back pain with regional myofascial pain; and lumbar/lumbosacral disc degeneration. Date of injury is February 20, 2015. Request for authorization is September 23, 2015. According to a progress note dated June 16, 2015, medications include Naprosyn, Flexeril and Prilosec. Prilosec was prescribed to "protect the stomach". According to a September 23, 2015 progress note, subjectively there is diffuse neck pain that radiates to the shoulders and low back pain, right greater than left, radiating to the right leg. The occupational health provider (prior to the new patient September 23, 2015 visit) will not refill any of the medications. Objectively, there is cervical and lumbar spine decreased range of motion with tenderness to palpation. There is no documentation demonstrating objective functional improvement to support ongoing omeprazole. There are no risk factors or comorbid conditions for gastrointestinal events. There is no clinical indication and/or rationale for omeprazole. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating risk factors or call morbid conditions for gastrointestinal events and no clinical indication or rationale for omeprazole, Omeprazole 20 mg #30 with two refills is not medically necessary.