MAXIMUS Federal Services

Case Number:	CM15-0208018		
Date Assigned:	10/26/2015	Date of Injury:	04/04/2012
Decision Date:	12/07/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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: Family Practice

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 61 year old male, who sustained an industrial injury on 4-4-2012. Medical records indicate the worker is undergoing treatment for lumbar and cervical disc disease, right shoulder tear, left shoulder sprain and right knee meniscal tear. A recent progress report dated 9-2-2015, reported the injured worker complained of low back pain radiating to the right foot with numbness and tingling and pain to the neck, back, right shoulder and right knee. He also reports swelling and spasm and having difficulty sleeping. Physical examination revealed cervical spine and lumbar spine tenderness and right shoulder, right hand and right knee tenderness. Treatment to date has included physical therapy, Naproxen, Omeprazole and Cyclobenzaprine-all since at least 3-12-2015. The physician is requesting Naproxen 500mg #60, Omeprazole 20mg #60 and Cyclobenzaprine 7.5mg #60.On 9-24-2015, the Utilization Review noncertified the request for Naproxen 500mg #60, Omeprazole 20mg #60 and Cyclobenzaprine 7.5mg #60.

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 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 MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDS, including Naproxen as a treatment modality. In general, NSAIDs are recommended for acute exacerbations of pain; used at the lowest dose for the shortest period of time. Specific indications for NSAIDs include the following: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There is no evidence of long-term effectiveness for pain or function. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. In this case, the records indicate that Naproxen is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, only short-term use is recommended. Further, there is no evidence in the medical records that long-term use has been associated with objective evidence of improvement functional outcomes. For these reasons, Naproxen is not medically necessary.

Omeprazole 20mg #60: Upheld

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, GI symptoms & cardiovascular risk.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs) including omeprazole. These guidelines state that clinicians should weight the indications for NSAIDs against gastrointestinal risk factors. Specifically, the clinician should determine if the patient is at risk for gastrointestinal events, e.g. GI bleed, ulcers or perforation. These GI risk factors include the following: (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).In patients at low-risk (no evidence of these GI risk factors), PPIs are not recommended. In this case, the medical records show no evidence that the patient has any of the above cited GI risk factors. For this reason, omeprazole is not medically necessary.

Cyclobenzaprine 7.5mg #60: 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): Cyclobenzaprine (Flexeril).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of the muscle relaxant, cyclobenzaprine. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the medical records indicate that cyclobenzaprine is being used as a long-term treatment for this patient's symptoms. As noted above, only short-term use is recommended. Further, there is no objective evidence in the medical records to indicate that the patient has improved functional outcomes from the use of this medication. Therefore, cyclobenzaprine is not medically necessary.