MAXIMUS Federal Services

Case Number:	CM15-0208186		
Date Assigned:	10/27/2015	Date of Injury:	08/19/2013
Decision Date:	12/11/2015	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: Texas, Illinois
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 71 year old female who sustained an industrial injury on 8-19-13. A review of the medical records indicates that the worker is undergoing treatment for right shoulder pain, status post surgery right shoulder, left shoulder pain, left shoulder sprain-strain, left ankle contusion, and loss of sleep. Subjective complaints (4-28-15) include right shoulder pain (rated 4 out of 10 without medications and 2 out of 10 with medications), left shoulder pain (rated 7 out of 10 without medications and 6 out of 10 with medications), left ankle pain (rated 2 out of 10 without medications and 0 out of 10 with medications), and loss of sleep due to pain. Objective findings (4-28-15) include JAMAR grip strength right: 5, 5, 5, left; 15, 20, 20, right and left shoulder painful ranges of motion and tenderness to palpation, and tenderness to palpation of the anterior ankle (left). A urine test for toxicology is noted as performed 4-28-15 (result not in the records reviewed) and the medications are noted to be continued with no side effects reported. Work status is noted as return to modified work 4-29-15. On 9-24-15, the requested treatment (date of service 5-26-15) of Naprosyn 550mg #60 , Prilosec-Omeprazole 20mg #60, and Cyclobenzaprine 7.5mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg, #60 (DOS: 05/26/2015): 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 General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The injured worker sustained a work related injury on 8-19-13. The medical records provided indicate the diagnosis of right shoulder pain, status post surgery right shoulder, left shoulder pain, left shoulder sprain-strain, left ankle contusion, and loss of sleep. Treatments have included Topical analgesics, NSAIDs, Cyclobenzaprine and Omeprazole. The medical records provided for review do not indicate a medical necessity for Naprosyn 550mg, #60 (DOS: 05/26/2015). It is not certain how long this injured worker has been on NSAIDs; but the earliest encounter note submitted for review was for was dated 04/28/15. That report stated the patient would continue with the same medications (which included oral Diclofenac, Omeprazole and Cyclobenzaprine). The MTUS does states that no one NSAID is more efficacious than the other; also, the MTUS recommends NSAIDs only for acute use, and that individuals on NSAIDs be monitored for blood pressure, blood count, kidney and liver functions due to the increasing risk with prolonged use. However, the medical records do not indicate the injured worker was being monitored based on guidelines recommendations. Besides, the records indicate chronic use of NSAIDs. Therefore, the requested treatment is not medically necessary.

Prilosec/Omeprazole 20mg, #60 (DOS: 05/26/2015): 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 injured worker sustained a work related injury on 8-19-13. The medical records provided indicate the diagnosis of right shoulder pain, status post surgery right shoulder, left shoulder pain, left shoulder sprain-strain, left ankle contusion, and loss of sleep. Treatments have included Topical Analgesics, NSAIDs, Cyclobenzaprine and Omeprazole. The medical records provided for review do not indicate a medical necessity for Prilosec/Omeprazole 20mg, #60 (DOS: 05/26/2015). Omeprazole is a proton pump inhibitor, and like other proton pump inhibitors is recommended to be added to the treatment of individuals at risk of gastrointestinal events when they are on treatment with NSAIDs. Although the injured worker meets the requirement for the use of proton pump inhibitor based on his age and the use of NSAIDs; the medication is not medically necessary because the continued use of NSAIDs has been determined not to be medically necessary.

Cyclobenzaprine 7.5mg, #60 (DOS: 05/26/2015): 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.

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

Decision rationale: The injured worker sustained a work related injury on 8-19-13. The medical records provided indicate the diagnosis of right shoulder pain, status post surgery right shoulder, left shoulder pain, left shoulder sprain-strain, left ankle contusion, and loss of sleep. Treatments have included Topical analgesics, NSAIDs, Cyclobenzaprine and Omeprazole. The medical records provided for review do not indicate a medical necessity for Cyclobenzaprine 7.5mg, #60 (DOS: 05/26/2015). The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Cyclobenzaprine is a muscle relaxant with a recommended dosing of 5 to 10 mg three times a day for no longer than 2-3 weeks. The medical records indicate the use of this medication predates 04/2015; besides, there is no evidence the injured worker is being treated for acute exacerbation of back pain. Therefore, the requested treatment is not medically necessary.