

Case Number:	CM15-0030216		
Date Assigned:	02/23/2015	Date of Injury:	02/24/2012
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/18/2015

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 43 year old male injured worker suffered and industrial injury on 2/24/2012. The diagnoses were post-traumatic stress disorder, major depression, dementia due to head trauma, cervical facet disorder, lumbar radiculopathy, cervical lumbar stenosis and left rotator cuff tear. The diagnostic studies were computerized tomography of the head, magnetic resonance imaging of the brain, electromyography, magnetic resonance imaging of the left shoulder, bilateral knees left hip, wrist, neck, upper and lower back. The treatments were physical therapy, medications, acupuncture, chiropractic therapy, cognitive behavior therapy, and speech therapy. The treating provider reported complaints of neck pain, left abdominal pain, headaches, shoulder pain, low back pain with radiation to the lower extremities. The Utilization Review Determination on 1/28/2015 non-certified: 1. Cyclobenzaprine 7.5mg #60, MTUS 2. Norco 10/325mg #120, MTUS 3. Naproxen Sodium 550mg #60, MTUS 4. Omeprazole 20mg #60, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting CYCLOBENZAPRINE 7.5 MG QUANTITY 60. The RFA dated 01/05/2015 shows a request for QUANTITY 60 CYCLOBENZAPRINE 7.5 MG. The patient's date of injury from 02/24/2014 and he's currently on modified duty. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants -amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The records show that the patient was prescribed cyclobenzaprine on 7/21/2014. In this case, the long-term use of cyclobenzaprine is not supported by the MTUS guidelines. The request IS NOT medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Hydrocodone Page(s): 76-78, 88-89, 90.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting NORCO 10/325 MG QUANTITY 120. The RFA from 01/05/2015 shows a request for quantity 120 Norco 10/325 mg one tablet PO Q6H PRN severe pain. The patient's date of injury is from 02/24/2012 and he's currently on modified duty. For chronic opiate use, the MTUS guidelines page 88 and 89 on criteria for use of opioids states, "pain should be assessed at each visit, and functioning should be measured at six-month intervals using a numerical scale or validated instrument." MTUS page 78 On-Going Management also require documentation of the 4A's including analgesia, ADLs, adverse side effects, and aberrant drug seeking behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medications to work, and duration of pain relief. The MTUS page 90 notes that a maximum dose for Hydrocodone is 60mg/day. The records show that the patient was prescribed Norco since 2012. The 08/06/2014 progress report notes that the patient's pain level without medication is 10/10 and 7 to 8/10 with medication use. The 01/05/2015 progress report notes that with medication use the patient can walk 20 to 30 minutes longer, he can do chores around the house and enable him to sleep. He denies any side effects of these medications. The urine drug screen from 11/14/2014 and 02/03/2015 show consistent results. The treater also mentions a CURES report from 12/13/2014 that is consistent with the patient's prescribed medication. He does not demonstrate any signs of misuse or abuse. In this case, the treater has noted medication efficacy and the patient has met the criteria based on the MTUS guidelines for continued use of Norco. The request IS medically necessary.

Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory & medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting NAPROXEN SODIUM 550 MG QUANTITY 60. The RFA from 01/05/2015 shows a request for quantity 60 Naproxen Sodium 550mg tablet. The patient's date of injury is from 02/24/2012 and he's currently on modified duty. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The record shows that the patient was prescribed naproxen sodium since 2013. The 08/06/2014 progress report notes that the patient's pain level without medication is 10 over 10 in with medication 7 to 8/10. In this case, the cheater has medication efficacy in the continued use of their perks and is supported by the guidelines. The request is medically necessary.

Omeprazole 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

Decision rationale: This patient presents with neck and low back pain. The treater is requesting OMEPRAZOLE 20 MG QUANTITY 60. The RFA from 01/05/2015 shows a request for quantity 60 Omeprazole 20mg. The patient's date of injury is from 02/24/2012 and he's currently on modified duty. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, "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-. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions". MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI". The records show that the patient was prescribed Omeprazole since 2012. The 08/06/2014 report shows that the patient complains of an upset stomach. In this case, the treater has noted gastrointestinal events and the continued use of omeprazole is warranted. The request IS medically necessary.