

Case Number:	CM15-0040735		
Date Assigned:	03/10/2015	Date of Injury:	02/10/2009
Decision Date:	04/21/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/03/2015

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 injured worker is a 34-year-old male, who sustained an industrial injury on 02/10/2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having status post left shoulder arthroscopy, left elbow strain/sprain, and left wrist neuropathy. Treatment to date has included above listed surgery, laboratory studies, Functional Capacity Evaluation, medication regimen, and requests for physical therapy and acupuncture . In a progress note dated 11/13/2014, the treating provider reports complaints of pain to the left shoulder that was rated a six out of ten, pain to the left elbow that was rated a three out of ten, and pain to the left wrist that was rated a three out of ten. The treating provider noted that the injured worker had limited range of motion and noted tenderness to the left shoulder. The treating physician requested the prescriptions of Cyclobenzaprine for muscle relaxant, Naproxen Sodium for pain and inflammation, and Omeprazole to protect the stomach.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Cyclobenzaprine 5/10mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Pain (Chronic) chapter, Muscle relaxants (for pain).

Decision rationale: Based on the 11/13/14 progress report, the patient presents with left shoulder pain (6/10), left elbow pain (3/10) and left wrist pain (3/10). The request is for CYCLOBENZAPRINE 5/10MG QTY: 30. There is no RFA provided. The patients diagnoses per same report, included post left shoulder arthroscopy, left elbow strain/sprain, and left wrist neuropathy. Patient's current medications include Cyclobenzaprine, Naproxen and Omeprazole and Terocin patches. Per 07/28/14 treater report, the patient returned to work on modified duty. ODG-TWC, Pain (Chronic) chapter, Muscle relaxants (for pain) states: ANTISPASMODICS: Orphenadrine (Norflex, Banflex, Antiflex, Mio-Rel, Orphenate, generic available): This drug is similar to diphenhydramine, but has greater anticholinergic effects. The mode of action is not clearly understood. Effects are thought to be secondary to analgesic and anticholinergic properties. This medication has been reported in case studies to be abused for euphoria and to have mood elevating effects. In this case, provided progress reports are handwritten and illegible and the treater has not provided a reason for the request. Cyclobenzaprine was prescribed to the patient per treater reports dated 03/28/14, 09/03/14 and 11/13/14. MTUS Guidelines do not recommend the use of Cyclobenzaprine for longer than 2-3 weeks. The patient has been taking Cyclobenzaprine as early as 03/28/14, which exceeds the 2-3 weeks recommended by MTUS Guidelines. Therefore, the requested Flexeril IS NOT medically necessary.

Retrospective: Naproxen Sodium 550mg QTY: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects Page(s): 67-68, 73.

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

Decision rationale: Based on the 11/13/14 progress report, the patient presents with left shoulder pain (6/10), left elbow pain (3/10) and left wrist pain (3/10). The request is for CYCLOBENZAPRINE 5/10MG QTY: 30. There is no RFA provided. The patients diagnoses per same report, included post left shoulder arthroscopy, left elbow strain/sprain, and left wrist neuropathy. Patient's current medications include Cyclobenzaprine, Naproxen and Omeprazole and Terocin patches. Per 07/28/14 treater report, the patient returned to work on modified duty. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP.

MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, provided progress reports are handwritten and illegible. The treater has not provided a reason for the request. Naproxen was prescribed to the patient per treater reports dated 03/28/14, 09/03/14 and 11/13/14. With the use of medications, there is documentation that the patient has returned to work. Given the patient's chronic pain, and benefit from use of oral NSAIDs, the request IS medically necessary.

Retrospective: Omeprazole 20mg QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk.

Decision rationale: Based on the 11/13/14 progress report, the patient presents with left shoulder pain (6/10), left elbow pain (3/10) and left wrist pain (3/10). The request is for CYCLOBENZAPRINE 5/10MG QTY: 30. There is no RFA provided. The patient's diagnoses per same report, included post left shoulder arthroscopy, left elbow strain/sprain, and left wrist neuropathy. Patient's current medications include Cyclobenzaprine, Naproxen and Omeprazole and Terocin patches. Per 07/28/14 treater report, the patient returned to work on modified duty. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, provided progress reports are handwritten and illegible. Omeprazole was prescribed for stomach protection per treater reports dated 03/28/14, 09/03/14 and 11/13/14. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. Review of the medical records did not show history of GI symptoms, complaints, or issues such as GERD, gastritis or PUD for which a PPI may be indicated. The patient is under 65 years of age. The patient does not present with an indication for Omeprazole. Therefore, the request IS NOT medically necessary.