

Case Number:	CM15-0048890		
Date Assigned:	03/20/2015	Date of Injury:	04/03/2010
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/16/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 55 year old female with an industrial injury date of 04/03/2010. Her diagnosis includes anxiety, displacement of cervical intervertebral disc without myelopathy, spinal stenosis in cervical and injury to cervical nerve root. Prior treatments are not documented. In the progress note dated 01/25/2015 the treating physician documents the injured worker is having neck pain radiating to both shoulders. Other complaints were bilateral shoulder and bilateral wrist pain. Physical exam noted cervical compression caused pain and bilateral wrist range of motion was painful. The provider is requesting muscle relaxant, anti-inflammatory medication and proton pump inhibitor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 41-42, 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69.

Decision rationale: Prilosec (omeprazole) is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the shoulders and arms. While the treatment recommendations included a NSAID, there was no discussion reporting the worker had an intermediate or high risk for gastrointestinal events. There was no suggestion the worker had any of the other above conditions or discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for thirty tablets of Prilosec (omeprazole) 20mg is not medically necessary.

Cyclobenzaprine 5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Weaning of Medications Page(s): 63-66, 124.

Decision rationale: Flexeril (cyclobenzaprine) is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation indicated the worker was experiencing neck pain that went into the shoulders and arms. These records indicated the worker had been taking this medication for prolonged amount of time, and there was no discussion detailing special circumstances that sufficiently supported the recommended long-term use. There also was no suggestion that the worker was having a new flare of lower back pain. Further, the worker was experiencing significant anxious moods. For these reasons, the current request for thirty tablets of Flexeril (cyclobenzaprine) 10mg is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68, 41-42, 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: Naproxen is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing neck pain that went into the shoulders and arms. There was no discussion describing improved pain intensity, function, and/or quality of life with the specific use of this medication or providing an individualized risk assessment for its use. In the absence of such evidence, the current request for ninety tablets of naproxen 550mg is not medically necessary.