

Case Number:	CM15-0084390		
Date Assigned:	05/06/2015	Date of Injury:	12/16/2013
Decision Date:	06/05/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	05/01/2015

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: Emergency 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:

This is a 54 year old female with a December 16, 2013 date of injury. A progress note dated October 23, 2014 documents subjective findings (constant neck pain rated at a level of 9/10; constant lower back pain rated at a level of 9/10; constant right shoulder pain and stiffness rated at a level of 9/10 radiating to the right arm; frequent left knee pain rated at a level of 7/10; frequent right knee pain rated at a level of 7/10), objective findings (decreased right grip strength; decreased sensation in the right upper and lower extremities; normal strength and reflexes; tenderness to palpation and muscle spasms of the cervical paravertebral muscles; decreased and painful range of motion of the cervical spine; tenderness to palpation and muscle spasms of the lumbar paravertebral muscles; tenderness to palpation of the bilateral sacroiliac joints; decreased and painful range of motion of the lumbar spine; tenderness to palpation and muscle spasms of the right lateral shoulder and trapezius; decreased and painful range of motion of the right shoulder; tenderness to palpation of the bilateral knees; decreased range of motion of the bilateral knees) and current diagnoses (cervical sprain/strain; cervical myofascitis; rule out cervical disc protrusion and cervical radiculitis versus radiculopathy; lumbosacral sprain/strain; lumbar muscle spasm; sprain of the sacroiliac joint bilaterally; right shoulder sprain/strain; right shoulder muscle spasm; right shoulder impingement syndrome; bilateral knee sprain/strain; bilateral knee patellar tendinitis; right knee chondromalacia). Treatments to date were not documented in the submitted medical record. The treating physician requested authorization for prescriptions for Naproxen, Flexeril, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Naproxen 550mg #90, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker has constant neck pain rated at a level of 9/10; constant lower back pain rated at a level of 9/10; constant right shoulder pain and stiffness rated at a level of 9/10 radiating to the right arm; frequent left knee pain rated at a level of 7/10; frequent right knee pain rated at a level of 7/10), objective findings (decreased right grip strength; decreased sensation in the right upper and lower extremities; normal strength and reflexes; tenderness to palpation and muscle spasms of the cervical paravertebral muscles; decreased and painful range of motion of the cervical spine; tenderness to palpation and muscle spasms of the lumbar paravertebral muscles; tenderness to palpation of the bilateral sacroiliac joints; decreased and painful range of motion of the lumbar spine; tenderness to palpation and muscle spasms of the right lateral shoulder and trapezius; decreased and painful range of motion of the right shoulder; tenderness to palpation of the bilateral knees; decreased range of motion of the bilateral knees). The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550mg #90 is not medically necessary.

Flexeril 10mg #60: Upheld

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

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

Decision rationale: The requested Flexeril 10mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has constant neck pain rated at a level of 9/10; constant lower back pain rated at a level of 9/10; constant right shoulder pain and stiffness rated at a level of 9/10 radiating to the right arm; frequent left knee pain rated at a level of 7/10;

frequent right knee pain rated at a level of 7/10), objective findings (decreased right grip strength; decreased sensation in the right upper and lower extremities; normal strength and reflexes; tenderness to palpation and muscle spasms of the cervical paravertebral muscles; decreased and painful range of motion of the cervical spine; tenderness to palpation and muscle spasms of the lumbar paravertebral muscles; tenderness to palpation of the bilateral sacroiliac joints; decreased and painful range of motion of the lumbar spine; tenderness to palpation and muscle spasms of the right lateral shoulder and trapezius; decreased and painful range of motion of the right shoulder; tenderness to palpation of the bilateral knees; decreased range of motion of the bilateral knees). The treating physician has not documented duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg #60 is not medically necessary.

Prilosec 20mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (GI symptoms & cardiovascular risks).

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

Decision rationale: The requested Prilosec 20mg #90, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has constant neck pain rated at a level of 9/10; constant lower back pain rated at a level of 9/10; constant right shoulder pain and stiffness rated at a level of 9/10 radiating to the right arm; frequent left knee pain rated at a level of 7/10; frequent right knee pain rated at a level of 7/10), objective findings (decreased right grip strength; decreased sensation in the right upper and lower extremities; normal strength and reflexes; tenderness to palpation and muscle spasms of the cervical paravertebral muscles; decreased and painful range of motion of the cervical spine; tenderness to palpation and muscle spasms of the lumbar paravertebral muscles; tenderness to palpation of the bilateral sacroiliac joints; decreased and painful range of motion of the lumbar spine; tenderness to palpation and muscle spasms of the right lateral shoulder and trapezius; decreased and painful range of motion of the right shoulder; tenderness to palpation of the bilateral knees; decreased range of motion of the bilateral knees). The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Prilosec 20mg #90 is not medically necessary.