MAXIMUS Federal Services

Case Number:	CM14-0117908		
Date Assigned:	09/16/2014	Date of Injury:	03/03/2011
Decision Date:	10/15/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 78 pages provided for this review. The requested medical services that were denied or modified were Naprosyn 550 mg number 100 with refill, omeprazole 20 mg number 100 with refill, Flexeril 7.5 mg number 90 with refill and a urine drug screen. The review was done on July 22, 2014. Per the records provided, as of February 1, 2014, the claimant continued to have pain in the neck and the left shoulder. On exam, spasm was noted over the left trapezius. There was decreased range of motion in the left shoulder, and decreased range of motion of the cervical spine in all planes. There was a positive Spurling and a positive left shoulder impingement test. The patient will have trigger point injections. The doctor also recommended these medicines. As of February 13, 2014 the patient had been suffering from acute muscle spasm in the left trapezius muscles.. The patient had taken Zanaflex in the past but this medicine was not alleviating the muscle spasms. The claimant has a history of taking Percocet and Vicodin. The claimant has complaints of reflux with prior nonsteroidal anti-inflammatories. The patient was diagnosed with gastroesophageal reflux. A urine drug test from July 10, 2014 indicated the claimant had negative results. As of July 10, 2014, the patient will start acupuncture. There was spasm over the left trapezius. There was decreased range of motion of the left shoulder and decreased range of motion of the cervical spine by 10% in all planes. There was a positive Spurling test and a positive shoulder impingement test. The provider recommends refilling the medicine and to continue acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxyn 550mg #300: Upheld

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

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

Decision rationale: The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication for osteoarthritis, at the lowest does, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription NSAID. Further, the guides cite that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary; therefore, when over the counter NSAIDs would be sufficient. In summary, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine. The request is not medically necessary.

Omeprazole 20mg #200: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: The MTUS speaks to the use of Proton Pump Inhibitors like in this case in the context of Non Steroid Anti-inflammatory Prescription. It notes that clinicians should weigh the indications for NSAIDs against gastrointestinal risk factors such as: (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). Sufficient gastrointestinal risks are not noted in these records. The request is not medically necessary based on MTUS guideline review.

Flexeril 7.5mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: The MTUS recommends Flexeril (cyclobenzaprine) for a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case, there has been no objective functional improvement noted in the long-term use of Flexeril in this claimant. Long term use is not supported. Also, it is being used with other agents, which also is not clinically supported in the MTUS. The request is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43.

Decision rationale: Regarding urine drug testing, the MTUS notes in the Chronic Pain section:Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction.There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary under MTUS criteria.