

Case Number:	CM14-0136142		
Date Assigned:	09/03/2014	Date of Injury:	04/11/2014
Decision Date:	10/29/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/22/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 is a PR2 form dated 06/26/14 which indicates the insured is using Naproxen, Omeprazole, Orphenadrine, Hydrocodone, Zolpidem, Topical Cream, Gabapentin topical cream. The insured is reported to have no bruising, swelling, atrophy or lesion in the cervical spine. There was no bruising, swelling, atrophy of the lumbar spine and any swelling, atrophy or lesion of the left hip. The date of PR2 is 06/26/14. Office note May 9, 2014, indicates the insured reports having fallen from a ladder with complaints of pain in the back and radiating to the left side and down the left leg. The insured reports having no history of high blood pressure, diabetes, cardiac, pulmonary, renal or gastrointestinal disorder. Physical exam indicated no splinting with any surgical or traumatic scars present. The gait pattern was normal. There was no sciatic notch tenderness and no palpable paraspinal muscle spasm. The insured was reported to be able to forward flex the fingertips approximating the toes. Straight leg raise was positive in both the sitting and supine positions. Sensation was intact. Motor strength was 5/5 and reflexes were symmetric 2+. The notes indicate urinalysis requested for ongoing evaluation of chronic opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

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

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

Decision rationale: MTUS guidelines support use of PPI if the insured has a history of documented GI related distress, GERD or ulcer related to medical condition. The medical records report no history of any GI related disorder. As such the medical records do not support a medical necessity for Omeprazole.

Cyclobenzaprine 7.5 mg #90: Upheld

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

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

Decision rationale: MTUS guidelines support the use of Flexeril for short term therapy for treatment of muscle spasms. The medical records provided for review indicate treatment with Flexeril (Orphenadrine) but does not document/ indicate specific functional benefit or duration of any benefit in regard to muscle relaxant effect. As such the medical records do not demonstrate objective functional benefit or demonstrate intent to treat with short term therapy in congruence with guidelines.

Hydrocodone/APAP 10/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet, Lorcet, Lorta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79.

Decision rationale: MTUS guidelines support the use of opioid but limited to short-term pain relief. The medical records indicate use of Hydrocodone, but does not indicate objective quality or quantity of relief in support of continued therapy. As the medical records do not reflect clear functional benefit of the therapy or length of therapy intended, MTUS guidelines do not support continued use of Hydrocodone.

Naproxen 550 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs Page(s): 73.

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

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type. As such the medical records support the use of Naproxen.