

Case Number:	CM14-0138157		
Date Assigned:	09/05/2014	Date of Injury:	08/19/1998
Decision Date:	10/17/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 74-year-old male who reported an injury on 08/19/1998 while working, was lifting seats from the dock to an airplane and felt an immediate in his lower left back area. The injured worker has diagnoses of myofascial pain syndrome, strain of the lumbar spine, and lumbosacral radiculopathy. Past medical treatment consists of 4 or 5 lumbar epidural steroid injections, surgery, physical therapy, and medication therapy. Medications include Naproxen, omeprazole, Fexmid, and gabapentin. The injured worker has undergone MRIs of the lumbar spine and EMG/nerve conduction studies. On 08/14/2014, the injured worker complained of pain in the lumbar spine. Physical examination revealed a positive straight leg raise. There was decreased sensation to bilateral feet. It was also noted in the exam that there was decreased range of motion to the back in all planes. The injured worker had spasm of the paraspinal muscles. The most current progress note submitted for review was illegible, tried to make out physical examination findings, but was very difficult. The treatment plan is for the injured worker to continue the use of medication. The Request for Authorization form was submitted on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22, 73..

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend anti-inflammatories as 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 nonselective non-steroidal anti-inflammatory drugs in chronic low back pain. The report submitted revealed lack of updated documentation on the functionality on the Naprosyn's effectiveness. There was no evidence reporting that the injured worker's measurable pain prior to the medication and pain during and after. The documentation also lacked any evidence of whether the Naprosyn helped with the injured worker's functional deficits. Furthermore, the submitted report lacked any evidence of range of motion, motor strength, and/or sensory deficits that the injured worker may have had. Additionally, guidelines recommend anti-inflammatories for first line treatment, but do not recommend for long term. Documentation dated back to 02/18/2014 indicates that the injured worker had been taking Naprosyn since at least this time. The request as submitted did not indicate a frequency or duration of the medication. As such, the request for Naprosyn 550mg #60, 1 refill is not medically necessary.

Omeprazole 20mg #60, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors.

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

Decision rationale: The California MTUS Chronic Pain Guidelines state that proton pump inhibitors may be recommended to treat dyspepsia secondary to NSAID therapy. The addition of the proton pump inhibitor is also supported by patients taking NSAID medications who have cardiovascular disease or significant risk factors for gastrointestinal events. It was noted in the submitted report that the injured worker had been taking Naprosyn. However, there was no indication as to how long the injured worker had been taking the Naprosyn. Furthermore, there were no indications that the injured worker had complaints of dyspepsia with the use of this medication. Additionally, there was no evidence of the injured worker having any cardiovascular disease or significant risk factors for gastrointestinal events. In the absence of this documentation, the request is not supported by the evidence based guidelines. The request as submitted did not indicate a frequency or duration of the medication. Given the above, the injured worker was not within MTUS recommended guidelines. As such, the request for Omeprazole 20mg #60, 1 refill is not medically necessary.

Flexeril 7.5mg #90, 1 refill: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option for short term course of therapy. The greatest effect of this medication is in the first 4 days of treatment, suggesting that the shorter course may be better. Treatment must be and should be brief. The request as submitted is for Flexeril 7.5mg with a quantity of #90, which exceeds the guideline recommendations of short term therapy. The provided documentation lacked any significant objective functional improvement with the medication. The provider's rationale for the request was not submitted for review. As such, the request for Flexeril 7.5mg #90, 1 refill is not medically necessary.

Neurontin 600mg #90, 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Specific Anti-epilepsy Drugs gabapentin (Neurontin) Page(s): 18.

Decision rationale: The California MTUS Guidelines note that relief of pain with use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. The guidelines note that Neurontin has been shown to be effective for treatment of diabetic pain, painful neuropathy, and postherpetic neuralgia, and has been considered as a first line treatment for neuropathic pain. The documentation submitted for review did not mention any weakness or numbness, which would indicate neuropathy. Furthermore, there was no indication that the injured worker had a diagnosis that would be congruent with the guideline recommendations. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request for Neurontin 600mg #90, 1 refill is not medically necessary.