

Case Number:	CM14-0149881		
Date Assigned:	09/18/2014	Date of Injury:	11/30/2000
Decision Date:	10/17/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family 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:

52 years old male claimant sustained a work injury on 7/29/03 involving the shoulders and neck. He was diagnosed with chronic pain syndrome, internal derangement of the shoulder, left rotator cuff tear and cervical radiculopathy. He had undergone a spinal fusion of C4-T1. A progress note on 6/24/14 indicated that he had 8/10 cervical and neck pain that was constant since 2000. Exam findings were notable for tenderness in the cervical paraspinal region and decreased sensation in the left upper extremity. A progress note on 7/7/14 indicated the claimant had continued pain in the involved areas. He had previously taken Neurontin but it caused drowsiness. He had a positive Spurling's test on the right side. The left shoulder had restricted range of motion and cervical spinal tenderness was persistent. The treating physician initiated Lyrica due to manage neuropathic symptoms. He was continued on Narposyn 550mg and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as below is not medically necessary. Therefore, the Omeprazole 20mg #30 with one refill is not medically necessary and appropriate.

Naproxen 550mg #60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the MTUS guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain (LBP). NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, there is no evidence of Tylenol failure. The claimant had been on Naprosyn for several months. The pain and function have been unchanged since 2000. As such, the request of Naproxen 550mg #60 with one refill is not medically necessary and appropriate.

Lyrica 50mg #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lyrica Page(s): 99.

Decision rationale: According to the MTUS guidelines, Lyrica is has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. In this case, the claimant does not have the approved diagnoses for it use. In addition, his pain was persistent on another anti-epileptic (Neurontin). Therefore, the request of Lyrica 50mg #30 with one refill is not medically necessary and appropriate.