

Case Number:	CM14-0166372		
Date Assigned:	10/13/2014	Date of Injury:	06/20/2012
Decision Date:	11/13/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/09/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 35 year old female with an injury date of 6/20/12. Based on the 8/8/14 progress report by [REDACTED] this patient has "continued low back pain" and participates in a functional restoration program. She has completed 28 of 32 sessions to date. Exam shows this patient is "focally tender of the right thoracic paraspinal and left lumbar paraspinal muscles and SI joint. She had 15 degrees of active lumbar flexion. With SI belt, it increased to 30 degrees." Current medications for this patient are: Omeprazole 20mg capsule, one daily; Cymbalta 20mg capsule, one daily; and Naproxen Sodium 550mg tab, as needed. Diagnoses for this patient are:- Chronic Pain-Other General Symptoms-Low Back Pain-Sprain sacroiliac nos Work status as of 9/29/14: Can work with temporary restrictions. The utilization review being challenged is dated 9/29/14. The request is for 60 Tablets of Naproxen 550mg, 30 Capsules of Omeprazole 20 mg, and 30 Capsules of Cymbalta 20 mg. The requesting provider is [REDACTED] and he has provided various reports from 6/18/14 to 8/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Naproxen 550 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Page(s): pgs. 60, 61.

Decision rationale: This patient presents with low back pain with a recent flare-up. The physician requests Naproxen 550mg #60 for pain. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. Current medications listed from the 8/08/14 progress report are: Omeprazole 20mg capsule, one daily; Cymbalta 20mg capsule, one daily; and Naproxen Sodium 550mg tab, as needed, with medication response noted in the 8/08/14 report of "rare use of Naprosyn." Progress notes from 7/11/14 mention the idea to discuss to taper use of Naproxen between physician and the FRP manager. However, review of submitted documents show that current medications have included Naprosyn since 6/18/14. Use of NSAIDs for acute exacerbations of chronic back pain should be used as second line to acetaminophen. In this case, there is a lack of documentation of any evidence of efficacy or functional improvement to support the ongoing use of Naproxen as a medical necessity. MTUS also requires recording of pain and function when medications are used for chronic pain. The request is not medically necessary.

30 capsules of Omprezole 20 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Proton Pump Inhibitors (PPI)

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

Decision rationale: This patient presents with low back pain with a recent flare-up. The physician requests Omeprazole 20mg #30 for pain. MTUS guidelines recommend the use of Prilosec with precautions, and that considerations will be given to weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Current medications listed from the 8/08/14 progress report include Omeprazole 20mg capsule, Cymbalta 20mg capsule, and Naproxen Sodium 550mg tab. FRP progress notes indicate this patient was taking Omeprazole 20 mg, only if she is taking Naproxen. Use of Omeprazole may be indicated in conjunction with the use of Naproxen. However, the treater does not provide GI risk assessment as required by MTUS for prophylactic use of PPI. There is no documentation of GI problems either such as gastritis, or GERD. The request is not medically necessary.

30 capsules of Cymbalta 20 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duloxetine (Cymbalta) Page(s): 26, 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Antidepressants for chronic pain, Page(s): 13-16.

Decision rationale: This patient presents with low back pain with a recent flare-up. The physician requests Cymbalta 20mg #30 for chronic musculoskeletal pain. Regarding Cymbalta, MTUS guidelines state that it is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. No high quality evidence is reported to support the use of duloxetine for lumbar radiculopathy. More studies are needed to determine the efficacy of duloxetine for other types of neuropathic pain. The 7/11/14 progress notes indicate this patient "is tolerating the Cymbalta with no side-effects and believes it is helping her pain and mood." Given the patient's chronic pain condition and likely some neuropathic pain along with psychological sequel, use of Cymbalta may be indicated. However, there is inadequate documentation that it is making a significant difference in terms of pain reduction and functional improvement. "Believing" that it helps is inadequate, and the physician needs to provide more evidence that it is actually making a significant difference. The request is not medically necessary.