

Case Number:	CM14-0175159		
Date Assigned:	10/28/2014	Date of Injury:	08/13/2013
Decision Date:	12/04/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/22/2014

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 Geriatrics and is licensed to practice in New York. 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 28 year old woman with a date of injury of 8/13/13. She was seen by her primary treating physician on 9/22/14 with complaints of neck pain which extended to the mid and low back. She also had pain in her wrists and hands at times with numbness in her fingers and elbow. She reported she had received benefit form physical therapy and Naprosyn. She had tenderness in the lower paracervical and trapezius with normal range of motion. She had no impingement signs and tender points in her shoulders. She had elbow soreness in the ulnar gutter with no Tinel's signs. She had symmetric range of motion to the elbows and wrists/hands. She had pain with maximum flexion of her lumbar spine. She had 5/5 strength and normal sensation in her lower extremities. Her diagnoses were cervical disc protrusion based upon MRI in 10/13, ulnar nerve entrapment - both elbows - based on electrodiagnostic study in 6/14, thoracic disc protrusion and degenerative changes of the facet at T9-10 and T10-11 and lumbar strain with local central focal disc protrusion at L5-S1 based on MRI in 10/13. At issue in the review are the prescriptions of terocin patch, Prilosec and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Back Pain-Chronic Low Back Pain Page(s): 68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

Decision rationale: The injured worker is a 28 year old woman with a date of injury of 8/13/13. Her medical course has included use of several medications. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status specifically related to naproxen or a documentation of side effects to justify ongoing use. The medical necessity of naproxen is not substantiated.

Prilosec: Upheld

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

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

Decision rationale: The injured worker is a 28 year old woman with a date of injury of 8/13/13. Her medical course has included use of several medications. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that she meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

Terocin Patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The injured worker is a 28 year old woman with a date of injury of 8/13/13. Her medical course has included use of several medications. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that she meets these criteria or is at high risk of gastrointestinal events to justify medical necessity of omeprazole.