

Case Number:	CM14-0184101		
Date Assigned:	11/12/2014	Date of Injury:	12/13/2001
Decision Date:	12/16/2014	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/05/2014

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 Occupational 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 66 year old male technician injured his lower back at work on 13 Dec 2001. The provider's notes for the last year do not list a diagnosis other than lumbar pain. Presently he complains of low back pain that is relieved with medication. No examination was provided in the provider notes available for review. No imaging studies were available for review. Treatment included medication (Naprosyn, Prilosec and Flexeril). His present medications are: Naprosyn, Prilosec and Flexeril. The provider notes the Naprosyn is being used for its anti-inflammatory effects, the omeprazole is being used for NSAID-induced dyspepsia and the Flexeril is being used only at night for muscle tightness and spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 67-69.

Decision rationale: Naprosyn is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommend for treatment of osteoarthritis and for short-term use in

treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. The request for Naproxen is not medically necessary.

Omeprazole 20mg #30: 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.

Decision rationale: Omeprazole is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, and Zollinger-Ellison syndrome. The MTUS recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer term use of non-steroidal anti-inflammatory medications (NSAIDs). Since this patient is not complaining nor diagnosed with any symptoms of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, laryngopharyngeal reflux, or Zollinger-Ellison syndrome and since there is no present indication for use of chronic NSAIDs the medical necessity for continued use of Omeprazole has not been established.

Cyclobenzaprine 10mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 41-2, 63.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. It is recommended to be used three times per day. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. Muscle relaxants are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) and there is no study that shows combination therapy of NSAIDs with muscle relaxants have a demonstrable benefit. This patient has been on cyclobenzaprine therapy for over 2 weeks as a bedtime dose only, thus it is not being used to improve patient mobility. Since this agent is not indicated for bedtime only use or for sleep disorders and there is no other documented effects from this medication that would suggest its chronic use is improving the

patient's mobility, medical necessity for continued use of Cyclobenzaprine 10mg has not been established.