

Case Number:	CM14-0211930		
Date Assigned:	01/02/2015	Date of Injury:	09/23/2013
Decision Date:	02/19/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 (IW) is a 37-year-old man with a date of injury of September 23, 2013. The mechanism of injury occurred while working as an electrician, and completing various jobs in awkward positions. The back pain was exacerbated on November 18, 2013 when he returned to work full-time. The injured worker's working diagnoses are low back pain; lumbar discogenic disease; lumbar degenerative disc disease; left L4 and L5 radiculitis; and lumbar myalgia. The IW underwent left L4 and L5 transforaminal epidural steroid injection (TESI) on October 21, 2014, which provided no relief. The IW is not currently working. Pursuant to the progress report dated October 26, 2014, the IW complains of continued low back pain and left leg pain. He reports aching, stabbing pain across his lower back, and aching and tingling numbness down the posterior aspect of his legs and feet. The IW has tried Ultracet, however, the medication makes him jittery and anxious. Ultracet has since been stopped. He is requesting a refill of Naproxen, and Flexeril, which help his spasms and improve his sleep. Pain is rated 7/10 without medications, and 4-5/10 with medications. The IW attempted physical therapy, but stopped due to increased pain. Examination of the back reveals tenderness to palpation in the lower lumbar paraspinals. Patrick's test is negative bilaterally. Straight leg raise test is positive. He has lumbar flexion to 60 degrees; rotation is 50% of normal, and extension to 10 degrees. Gait is antalgic. Current medications include Flexeril 7.5mg, Naproxen 550mg, and Omeprazole 20mg. The IW was taking Motrin (an anti-inflammatory) as far back as 11/2013, according to documentation. The IW has been taking Flexeril, Omeprazole, and Naproxen since June 19, 2014, according to a progress note with the same date. There are no detailed pain assessments or evidence of objective

functional improvement associated with the ongoing use of the aforementioned medications. The IW has a negative past medical history. The current request is for Flexeril 7.5mg #60, Omeprazole 20mg #60, and Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxant Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker's working diagnoses are lumbar strain; and lumbar disc herniation. The documentation indicates the injured worker has been on nonsteroidal anti-inflammatory drugs since November 2013. Initially, ibuprofen was prescribed. Naproxen first appears in the June 19, 2014 progress note. The documentation does not contain any evidence of objective functional improvement while taking naproxen. Additionally, the guidelines state nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. The injured worker has been on nonsteroidal anti-inflammatory drugs, including ibuprofen and naproxen since November 2013. Consequently, absent clinical documentation to support the ongoing use of naproxen and evidence of objective functional improvement associated with the long course of nonsteroidal anti-inflammatory drugs, Naproxen 550 mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID and GI Effects/Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAIDs and GI Effects.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are recommended in certain patients taking nonsteroidal anti-inflammatory drugs who are at risk for certain gastrointestinal events. These risk factors include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; and high dose or multiple nonsteroidal

anti-inflammatory drugs. In this case, the injured worker's working diagnosis is lumbar strain; and lumbar disc herniation. A review of the record indicates the injured worker does not have a history containing comorbid conditions compatible with peptic ulcer, G.I. bleeding, concurrent use of aspirin, etc. Consequently, absent documentation with risk factors for gastrointestinal events associated with nonsteroidal anti-inflammatory drugs, Omeprazole 20 mg #60 is not medically necessary.

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 7.5 mg #60 is not medically necessary. Muscle relaxants are a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis is lumbar strain; and lumbar disc herniation. The documentation indicates the treating physician first prescribed Flexeril June 19, 2014. There is no documentation in the medical record indicating objective functional improvement nor is there a clinical rationale for its continued use. Flexeril is indicated for short-term (less than two weeks) use for treatment of acute low back pain or an acute exacerbation of chronic low back pain. There are no compelling clinical facts in the medical record to support its ongoing use. Consequently, absent clinical documentation to support Flexeril's ongoing use and evidence of objective functional improvement in contravention of the recommended guidelines, Flexeril 7.5 mg #60 is not medically necessary.