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| Case Number: | CM14-0215589 | | |
| Date Assigned: | 01/05/2015 | Date of Injury: | 06/11/2014 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female who suffered a work relate injury on 06/11/14 when she fell on her right side while moving a box. She initially was diagnosed with a thoracic rib and right shoulder contusion, and cervical sprain, and headache and treated with Mobic, ice packs, and a polar frost. Per the physician notes from 11/12/14 she continues to complain of neck, lower back and chest pain rated as 10/10. The pain is described as aching, sharp, throbbing, and weak, and radiates to the right shoulder and arm, bilateral thighs, legs and feet. She wakes up during the night due to pain. The current medication regimen includes cyclobenzaprine, hydrocodone, omeprazole, senna, and naproxen. She was described as having a left sided mid-stroke antalgic gait assisted by a cane. Range of motion was noted to be decreased in the lumbar spine, neck and right shoulder. Tenderness was noted in the cervical spine, paracervical muscles, sternoclavicular joint, trapezius, lumbar spine, the acromioclavicular joint, coracoid process, genohumeral joint and greater tubercle of the humerus. Diagnoses include lumbago, cervicgia, arthropathy of the shoulder, sprains and strains of the neck, and thoracic or lumbosacral neuritis or radiculitis. The prescribed treatments were Ultracet, cyclobenzaprine, Omeprazole, Senna, and Naproxen. She was also recommended to have chiropractic treatments, acupuncture, a LESI, and a lumbar brace. There is no mention of Fenoprofen as a recommended treatment in the notes. The Claims Administrator denied the Omeprazole, Cyclobenzaprine, and Fenoprofen on 11/24/14 and these treatments were subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Overturned

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

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

Decision rationale: According to the 12/3/14 appeal, the physician has prescribed Omeprazole 20mg for the patient's dyspepsia and heartburn from Naproxen. MTUS Chronic Pain Medical Treatment Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The use of Omeprazole to treat dyspepsia secondary to Naproxen/NSAID therapy is in accordance with MTUS guidelines. The request for Omeprazole 20mg, #60 IS medically necessary.

Cyclobenzaprine HCL 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril) Page(s):.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The available records show the patient has been prescribed cyclobenzaprine 7.5mg twice a day since 10/13/14. The physician states the patient does not take the medication every day, however, the prescription is enough for twice a day for a full month's supply of daily use. MTUS Chronic Pain Medical Treatment Guidelines pg 63-66, Muscle relaxants (for pain) under ANTISPASMODICS: Cyclobenzaprine (Flexeril, Amrix, Fexmid", generic available) Dosing states:. This medication is not recommended to be used for longer than 2-3 weeks. (See, 2008) The prescription as written, will exceed the 3-week duration recommended by MTUS. The request for cyclobenzaprine HCl 7.5mg #60, IS NOT medically necessary.

Fenoprofen Calcium 400mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Page(s): 22.

Decision rationale: This review is for Fenoprofen Calcium 400mg #60. This was apparently denied by utilization review, but according to the treating physician's reports, was never requested or used. The physician states on 12/3/14 that the patient uses naproxen for her anti-

inflammatory and not fenoprofen calcium. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Reviewing the medication that was not being used or prescribed seems like a moot point. However, MTUS does allow for use of NSAIDs for chronic low back pain. The patient is having benefit with the naproxen, and there is no rationale for use of a second NSAID. The use of Fenoprofen Calcium 400mg #60 IS NOT medically necessary at this time.