MAXIMUS Federal Services

Case Number:	CM15-0009464		
Date Assigned:	01/27/2015	Date of Injury:	11/06/2013
Decision Date:	03/18/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 37 year old male who sustained an industrial injury reported on 11/6/2013. He has reported severe, sharp and shooting radiating pain into the left leg, and poor quality sleep. The diagnoses have included chronic pain syndrome; brachial neuritis or radiculitis; lumbar radiculopathy; lumbago; and reactive sleep disturbance. Medication dependency and activity adjustments are stated, and Psychological treatment was recommended due to additional sequelae stemming from chronic pain. Treatments to date have included consultations; diagnostic imaging studies; conservative therapy; and medication management. The work status classification for this injured worker (IW) was noted to be back to work on modified duty. On 12/19/2014 Utilization Review (UR) modified, for medical necessity, the request made on 12/8/2014, for Cyclobenzaprine 7.5mg - to a 1 month supply for the purpose of weaning; and non-certified, for medical necessity, the request for Fenoprofen Calcium 400mg, and Omeprazole DR 20mg for the lumbar spine. The Medical Treatment Utilization Schedule, chronic pain medical management, muscle relaxants, non-steroidal anti-inflammatory agents, gastrointestinal symptoms and cardiovascular risk, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, he reported the cyclobenzaprine not helping much with his pain, but was recommended to continue it by his provider anyway. Regardless of this minimal benefit, this class of medication is not indicated for chronic use in the setting of the worker's diagnoses. Therefore, the cyclobenzaprine 7.5 mg is not medically necessary to continue.

Fenoprofen calcium 400mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: In the case of this worker, although it was reported that the worker "can't live without" his pain medications, including the Percocet, there was insufficient reporting on the direct and independent effect of Percocet on his overall function and pain levels. Measurable differences with and without the use of this medication found in the documentation would help justify continuation. Therefore, considering the documentation was incomplete regarding this evidence of benefit, the Percocet will be considered medically unnecessary. In the case of this worker, there was insufficient evidence of clear measurable functional benefits directly related to Fenoprofen use on the regular basis. Although the worker stated that his "medications are helping," there was no distinction between the tramadol and fenoprofen benefits on pain and function. Therefore, without this evidence of benefit, the fenoprofen will be considered medically unnecessary. Also, considering the potential long-term side effects, it is not wise to continue this medication class chronically.

Omeprazole DR 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence presented in the notes provided suggesting this worker was at an elevated risk for gastrointestinal events to warrant chronic use of omeprazole. Therefore, considering the potential side effects with long-term use, the omeprazole will be considered medically unnecessary to continue, also considering this reviewer suggests the NSAID is also not medically necessary.