

Case Number:	CM15-0015348		
Date Assigned:	02/03/2015	Date of Injury:	03/18/2014
Decision Date:	03/25/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/27/2015

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: Texas, California
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 42 year old female, who sustained a work related injury on 3/18/14. The diagnoses have included cervical strain/sprain, cervical radiculopathy, shoulder impingement, elbow tendonitis/bursitis and wrist tendonitis/bursitis. Treatments to date have included oral medications, TENS unit therapy and physical therapy. In the PR-2 dated 12/22/14, the injured worker complains of bilateral hand weakness, numbness and pain. Physical examination of the UE revealed positive Tinel sign and decreased sensation in the median distribution. The patient sustained the injury due to cumulative trauma. The medication list include Naproxen, Ibuprofen, Cyclobenzaprine, Diclofen and Pantoprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90 Retro 11/12/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs.

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

Decision rationale: Request: Naproxen 550mg #90 Retro 11/12/14 Naproxen belongs to a group of drugs called nonsteroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "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. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Naproxen for this injury. In the PR-2 dated 12/22/14, the injured worker complains of bilateral hand weakness, numbness and pain. Physical examination of the UE revealed positive Tinel sign and decreased sensation in the median distribution. Therefore the patient had significant objective findings NSAIDs like naproxen are first line treatments to reduce pain. Naproxen 550mg #90 Retro 11/12/14 use is deemed medically appropriate and necessary in this patient.

Pantoprazole 20mg #90 Retro 11/12/14: Upheld

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

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

Decision rationale: Request: Pantoprazole 20mg #90 Retro 11/12/14 Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events." Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Pantoprazole 20mg #90 Retro 11/12/14 is not fully established in this patient.

Cyclobenzaprine 7.5mg #90 Retro 11/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): Page 41-42.

Decision rationale: Request: Cyclobenzaprine 7.5mg #90 Retro 11/12/14 Cyclobenzaprine is a muscle relaxant. Regarding the use of skeletal muscle relaxant CA MTUS guidelines cited below state "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP, they show no benefit beyond

NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Cyclobenzaprine is recommended for a short course of treatment for back pain. Patient had sustained a chronic injury and any evidence of acute exacerbations in pain and muscle spasm was not specified in the records provided. Furthermore as per cited guidelines skeletal muscle relaxants do not show benefit beyond NSAIDs in pain and overall improvement. Therefore it is deemed that, this patient does not meet criteria for ongoing continued use of Cyclobenzaprine 7.5mg #90 Retro 11/12/14. The medical necessity of Cyclobenzaprine 7.5mg #90 Retro 11/12/14 is not established for this patient.