

Case Number:	CM15-0117663		
Date Assigned:	06/26/2015	Date of Injury:	01/30/2014
Decision Date:	08/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 28 year old male, who sustained an industrial injury on 1/30/2014. The mechanism of injury was injury from falling 8 feet while building a deck. The current diagnoses are transverse process fracture right L1-L4, healing fractures of right 8th, 9th, and 10th ribs, closed head injury, and post-concussion syndrome. According to the progress report dated 5/4/2015, the injured worker complains of right-sided thoracolumbar pain with associated stiffness and spasm. Additionally, he reports persistent headaches with occasional forgetfulness. The level of pain is not rated. PR-2 from 3/30/2015 indicated the injured worker had some gastrointestinal upset/heartburn with prescribed medications for which Omeprazole helps. The physical examination of the thoracolumbar spine reveals tenderness, spasm, and limited range of motion. The medications prescribed are Naproxen, Cyclobenzaprine, and Omeprazole. Treatment to date has included medication management, x-rays, MRI studies, physical therapy, aqua therapy, chiropractic (most beneficial), home exercise program, psychotherapy, and trigger point injections. A request for Naproxen, Prilosec, and Cyclobenzaprine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of osteoarthritis. For this class of medications, the guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain. Additionally, the guidelines indicate that NSAIDs are to be used as an option for short-term symptomatic relief for chronic low back pain. In this case, the records indicate that the injured work has been treated with Naproxen since at least 10/30/2014 with documentation of pain relief of up to fifty percent; the injured worker appears to be having a satisfactory response to naproxen. Therefore, based on CA MTUS guidelines and the injured workers clinical response, the request for Naproxen is medically necessary.

Prilosec 20 mg #30: Upheld

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

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

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines suggest that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID. Per other medical literature, long-term proton-pump inhibitor use increases the risk of hip fracture, and is associated with wrist, and spine fractures; pneumonia, Clostridium-difficile-associated diarrhea, and hypomagnesaemia. In this case, it was noted that the injured worker had gastric irritation with the use of NSAIDs, however more recent medical records revealed that he was no longer taking Prilosec and he does not appear to have any additional need for it, there is no documentation that the injured worker is continuing to have gastrointestinal complaints and it was noted that he had no side effects with his medications therefore the continued use of Prilosec is not medically necessary and the request for Prilosec 20 mg #30 is not medically necessary.

Cyclobenzaprine 5 mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41-42, 63-64.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Guidelines recommend a short course of therapy and that the addition of cyclobenzaprine to "other agents" is not recommended. This medication is not recommended to be used for longer than 2-3 weeks. A review of the injured workers medical records reveal documentation of flare up for 1 week and muscle spasms on physical exam and it would appear that the use of cyclobenzaprine is appropriate; therefore the request for Cyclobenzaprine 5 mg #30 is medically necessary.