MAXIMUS Federal Services

Case Number:	CM15-0126464		
Date Assigned:	07/13/2015	Date of Injury:	11/04/1997
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/30/2015

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: California, Hawaii
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:

This 59 year old female sustained an industrial injury on 11/04/97. She subsequently reported neck and bilateral upper extremity pain. Diagnoses include multilevel disc herniations with moderate stenosis, cervical radiculopathy and bilateral carpal tunnel syndrome. Treatments to date include x-ray and MRI testing, injections, acupuncture, physical therapy and prescription pain medications. The injured worker continues to experience upper back and bilateral wrist pain. Upon examination, there was tenderness to palpation along the midline cervical spine and through the cervical paraspinal muscles. Range of motion of the cervical and lumbar spine are diminished in all planes. Right upper extremity sensation is decreased in a C7 and C8 distribution. Decreased strength is noted in the extensors bilaterally and in the right deltoid and biceps muscle. Spurling's maneuver is on the right causing pain in the shoulder. A request for Omeprazole, Nabumetone, Cyclobenzaprine and Elavil medications was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg capsule PO qd PRN #60 refills not specified: Overturned

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

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

Decision rationale: The patient presents with neck pain with upper extremity symptoms. The current request is for Omeprazole 20mg capsule PO qd PRN #60 refills not specified. The treating physician report dated 6/15/15 (43b) states, "At this time she reports her condition has remained stable and denies new symptoms. Request for authorization: #60 Omeprazole 20mg capsules BNDC." Current medications include Relafen 750mg. The 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. Also 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. In this case, the patient has been taking NSAID since at least 2014, but the treating physician does document GI upset that is resolved with Prilosec in the 3/23/2015 progress report. This request is medically necessary.

Nabumetone 750mg tablet PO BID #60 refills not specified: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-68.

Decision rationale: The patient presents with neck pain with upper extremity symptoms. The current request is for Nabumetone 750mg tablet PO BID #60 refills not specified. The treating physician states that the patient reports that her medications decrease her pain and allow her to sleep better. The MTUS guidelines pg 22 does recommend NSAIDs, "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." In this case, the treating physician notes that the patient is released to modified duty, there is pain relief with NSAID usage and the patient has functional improvement with NSAID usage. The current request is medically necessary.

Cyclobenzaprine 75mg tablet PO qhs PRN #30 refills not specified: Upheld

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): 63-66.

Decision rationale: The patient presents with neck pain with upper extremity symptoms. The current request is for Cyclobenzaprine 75mg (7.5) tablet PO qhs PRN #30 refills not specified. The treating physician states that the patient reports that her medications decrease her pain and allow her to sleep better. The patient was originally prescribed Cyclobenzaprine on 5/18/15 and the follow up report dated 6/15/15 states, "She was given a refill of Flexeril 7.5mg." The MTUS guidelines support the usage of Cyclobenzaprine (Fexmid) for a short course of therapy, not longer than 2-3 weeks. The documentation provided does not discuss the effects of the previous usage of Cyclobenzaprine and the current prescription is for greater than 2-3 weeks with no documentation of an acute flare-up that necessitates an additional prescription of Cyclobenzaprine. The current request is not medically necessary.