MAXIMUS Federal Services

Case Number:	CM15-0033339		
Date Assigned:	02/26/2015	Date of Injury:	05/21/2010
Decision Date:	05/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/23/2015

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 York
Certification(s)/Specialty: Pediatrics, Internal 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 62-year-old male, who sustained an industrial injury on 05/21/2010. The diagnoses have included multilevel degenerative disease of the lumbar spine, herniated nucleus pulposus at L2-3, L3-4, and L4-5 with stenosis, mild multilevel neural foraminal narrowing of the lumbar spine, chronic right L5-S1 radiculopathy, and facet arthropathy at L2-3, L3-4, and L4-5. Noted treatments to date have included chiropractic treatment, physical therapy, medial branch block, and medications. No MRI report noted in received medical records. In a progress note dated 12/15/2014, the injured worker presented with complaints of low back pain. The treating physician reported the injured worker's medications reduce his pain and allow him to feel relaxed and energized. Utilization Review determination on 02/05/2015 non-certified the request for Follow up in two months, CM2-Cyclobenzaprine 5%, Naproxen Sodium 550mg #120, and Omeprazole 20mg #60 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Follow-up in two months: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The IW has been evaluated and managed as per the diagrams in the back chapter. The IW has not had any active management changes including pain medication in many visits. At this time it appears that the IW has reached maximal medical improvement and further visits are not medically necessary and appropriate.

CM2-Cyclobenzarpine 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Cyclobenzaprine is not FDA approved for topical use. This request is not medically necessary and appropriate.

Naproxen sodium 550mg #120: Upheld

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) Page(s): 67-73.

Decision rationale: According to MTUS guidelines NSAID's are recommended as an option for short-term symptomatic relief of chronic low back pain. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the MTUS and ODG guidelines NSAID's are recommended for osteoarthritis, chronic back pain and acute exacerbations of back pain. According to the progress notes provided the IW was on Naproxen with a diagnosis of lumbar radiculopathy. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions however it is documented that the IW takes the Naproxen daily. This request is not medically necessary and appropriate at this time.

Omeprazole 20 mg #60: 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 indication for proton pump inhibitor use is intermediate or high risk of GI side effects. The risk factors include age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant and or high dose/multiple NSAID. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary or appropriate at this time.