

Case Number:	CM15-0046292		
Date Assigned:	03/18/2015	Date of Injury:	07/29/2014
Decision Date:	06/17/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/11/2015

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: Internal Medicine, Pulmonary Disease

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 70 year old male, who sustained an industrial injury on 7/29/14. He reported initial complaints of neck and back injury. The injured worker was diagnosed as having thoracic sprain/strain; thoracic facet arthropathy and spinal canal stenosis; Grade I anterolisthesis L5 over S1; lumbar disc protrusion L4-5; lumbar facet hypertrophy L4-5;lumbosacral neuritis; lumbar radiculitis; right hip sprain/strain. Treatment to date has included chiropractic therapy; physical therapy; medications. Diagnostics included MRI right hip (10/25/14); MRI lumbar spine (10/25/14); MRI thoracic spine (10/25/14). Currently, the PR-2 notes dated 1/8/15 indicated the injured worker complains of activity-dependent to intermittent mild to moderate dull, achy upper/mid back pain and stiffness. She complains of frequent moderate stabbing, throbbing, burning low back pain, stiffness, heaviness and weakness radiating to the right lower extremity with numbness, tingling and weakness. There is a complaint of loss of sleep due to pain. She also complains of depression. Objective findings include thoracic, lumbar and right hip ranges of motion are decreased and painful. The provider is requesting Naproxen 550mg quantity 90, Prilosec 20mg quantity 90 and Flexeril 10mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal AntiInflammatory Drugs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: The patient is a 70 year old male with an injury on 07/29/2014. Initially he had neck and back pain. On 01/08/2015 he had back pain. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. Long term use of NSAIDS is not recommended and the requested medication is not medically necessary.

Prilosec 20mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI Symptoms an Cardiovascular Risk Page(s): 68-69.

Decision rationale: The patient is a 70 year old male with an injury on 07/29/2014. Initially he had neck and back pain. On 01/08/2015 he had back pain. MTUS, chronic pain guidelines note criteria for the medical necessity for proton pump inhibitors (PPI) include patient age of 65 or higher, history of GI bleeding or peptic ulcer disease or taking anticoagulants. The patient documentation does not meet these criteria and the requested PPI is not medically necessary. Although he is over 65 years old, there is no documentation of any GI problem and NSAIDS should be discontinued as noted above.

Flexeril 10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs and Gastrointestinal symptoms Page(s): 68.

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

Decision rationale: The patient is a 70 year old male with an injury on 07/29/2014. Initially he had neck and back pain. On 01/08/2015 he had back pain. MTUS, chronic pain guidelines note that muscle relaxants decrease both mental and physical ability. Also, the addition of muscle relaxants to patients already treated with NSAIDS do not improve pain relief. Long term treatment with muscle relaxants is not consistent with MTUS guidelines and the requested medication is not medically necessary.