

Case Number:	CM15-0060397		
Date Assigned:	04/06/2015	Date of Injury:	07/16/2001
Decision Date:	05/28/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/30/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 68-year-old male, who sustained an industrial injury on 07/16/2001. The injured worker was diagnosed as having cervical degenerative disc disease and upper extremity numbness, tingling and weakness. Treatment to date has included a gym membership, physical therapy, TENs unit and pain medications. As of the PR2 dated 03/03/2015, the injured worker reports intermittent neck pain and pain in the upper extremities. Being physically active helped with his pain. It was noted that the injured worker had been issued authorization for a 1-year gym membership. Upon examination, there was tenderness across the cervical paraspinal muscles, full cervical flexion, extension to 50 degrees, lateral tilt to 40 degrees, and mild tenderness along the trapezius and shoulder girdle. Treatment recommendations at that time included continuation of Norflex 100 mg, Remeron 15 mg, and naproxen 550 mg, and Protonix 20 mg. A Request for Authorization form was submitted on 03/03/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Naproxen 550 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. In this case, the injured worker has continuously utilized naproxen 550 mg since at least 07/2014. The guidelines do not support long-term use of NSAIDs. There is no documentation of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

30 Mirtazapine 15 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Anxiety medications in chronic pain.

Decision rationale: The Official Disability Guidelines recommend Remeron as a second treatment option for anxiety after there has been failure of tricyclic antidepressants. In this case, the injured worker has continuously utilized the above medication since at least 07/2014. There was no documentation of a failure of first line treatment. In addition, there is no frequency listed in the request. As such, the request is not medically necessary.

60 Orphenadrine 100 MG: Upheld

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

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

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. There is no documentation of palpable muscle spasm or spasticity upon examination. The injured worker has continuously utilized the above medication since at least 12/2014. The guidelines do not support long-term use of muscle relaxants. There is also no frequency listed in the request. Given the above, the request is not medically necessary.

60 Pantoprazole 20 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically necessary.