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| Case Number: | CM15-0078450 | | |
| Date Assigned: | 04/29/2015 | Date of Injury: | 03/14/2013 |
| Decision Date: | 06/02/2015 | UR Denial Date: | 04/13/2015 |
| Priority: | Standard | Application Received: | 04/23/2015 |

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: California

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 43 year old female, who sustained an industrial injury on 03/14/2013. The injured worker is currently diagnosed as having lumbar spinal stenosis, glenoid labrum tear, cervical spinal stenosis, adhesive capsulitis of shoulder, and chronic pain syndrome. Treatment and diagnostics to date has included home exercise program, acupuncture, cortisone injection, and medications. In a progress note dated 04/07/2015, the injured worker presented with complaints of neck, right shoulder, and low back pain. The treating physician reported requesting authorization for Nabumetone, Omeprazole, and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 750mg tablet one tab two times a day PO quantity of 60 with two refills:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drug (NSAID); NSAIDs, specific drug list & adverse effects

Page(s): 67, 68, 72, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Patient has been taking Nabumetone for at least as far back as six months. The medical record contains no documentation of functional improvement. Nabumetone 750mg tablet one tab two times a day PO quantity of 60 with two refills is not medically necessary.

Omeprazole 20mg capsule delayed release one cap PO 30 days quantity of 30 with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Omeprazole 20mg capsule delayed release one cap PO 30 days quantity of 30 with two refills is not medically necessary.

Cyclobenzaprine 10mg tab one tab every day PO 30 days quantity of 30 with two refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 63.

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Patient has been taking cyclobenzaprine for at least as far back as six months. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Cyclobenzaprine 10mg tab one tab every day PO 30 days quantity of 30 with two refills is not medically necessary.