

Case Number:	CM15-0092717		
Date Assigned:	05/19/2015	Date of Injury:	05/12/2011
Decision Date:	06/23/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/13/2015

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: Family Practice

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 85 year old female sustained an industrial injury on 5/12/11. She subsequently reported neck, back and bilateral shoulder pain. Diagnoses include bilateral lumbosacral strains and radiculopathies, right cervical strain and radiculopathies and bilateral rotator cuff impingement. Treatments to date include x-ray and MRI testing, modified work duty, physical therapy and prescription medications. The injured worker continues to experience bilateral shoulder pain and back pain that radiates to the lower extremities. Upon examination, bilateral shoulder range of motion is reduced, strength and reflexes are normal. There is tenderness to palpation in the bilateral deltoid insertion point. The cervical spine shows diminished range of motion, there is tenderness to palpation in the right paracervical, right trapezius and right rhomboid muscles. A letter of appeal has been submitted by the treating physician for Naproxen, Omeprazole and Flexeril .

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Naproxen Page(s): 21-22, 66.

Decision rationale: Per the MTUS guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the MTUS guidelines, 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. The injured worker is noted to be tenderness on clinical examination and the request for first line non-steroidal anti-inflammatory medication such as naproxen is supported. The request for Naproxen 550 mg #60 is medically necessary and appropriate.

Omeprazole 20 mg #30: Overturned

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

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

Decision rationale: According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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 (e.g., NSAID + low-dose ASA). In this case, the patient is noted to be an 85 year-old female who is being prescribed non-steroidal anti-inflammatory medications. Review of systems on the initial examination has noted positive for reflux. The request for a first line proton pump inhibitor such as Omeprazole is supported. The request for Omeprazole 20 mg #30 is medically necessary and appropriate.

Flexeril 7.5 mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 63-66, 41.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the medical records have noted that this medication is being prescribed for acute muscle spasm. The request for a short course of muscle relaxants is supported to address the acute muscle spasms. The request for Flexeril 7.5 mg #90 is medically necessary and appropriate.