MAXIMUS Federal Services

Case Number:	CM13-0054749		
Date Assigned:	12/30/2013	Date of Injury:	02/06/2012
Decision Date:	06/17/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [redacted] employee who has filed a claim for chronic low back pain, shoulder pain, elbow pain, and hand pain reportedly associated with an industrial injury of February 6, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxants; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated November 13, 2013, the claims administrator apparently approved request for cyclobenzaprine, denied a request for omeprazole, approved a request for Tramadol, and denied a request for Naprosyn. Portions of the Utilization Review Report were seemingly truncated. The applicant's attorney subsequently appealed, on November 19, 2013. In an October 25, 2013 prescription form, the attending provider furnished the applicant with prescriptions for Naprosyn, Flexeril, and omeprazole. No narrative commentary was provided. The note employed preprinted checkboxes and was not seemingly attached or associated with the clinical progress note. In an October 8, 2013 letter, the attending provider appealed the claims administrator earlier denial of lumbar spine surgery. In an October 1, 2013 chiropractic progress note, the applicant was placed off of work, on total temporary disability owing to complaints of frequent low back and shoulder pain. On august 8, 2013, the applicant was given a variety of prescriptions including omeprazole, Naprosyn, Flexeril, Tramadol, again through usage of preprinted checkboxes. On July 11, 2013, the applicant followed up with the attending provider and was apparently described as having failed conservative treatment. A surgical remedy was endorsed. It was stated that the applicant's pain levels were impacting his quality of life and activities of daily living, in addition to his mental health issues. In an earlier prescription dated October 25, 2012, the attending provider issued prescriptions for Naprosyn, Prilosec, Zofran, Flexeril, and Medrox. The same drugs were again refilled on December 13, 2012, once again without any narrative commentary or progress note attached.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG DELAYED-RELEASE CAPSULES: 1 CAP EVERY 12 HRS #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risks Page(s): 69.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do support provision of omeprazole, a proton pump inhibitor to combat NSAID-induced dyspepsia, in this case, however, the documentation on file does not establish the presence of any ongoing issues or symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone. This item, as with the other prescriptions, was requested through usage of preprinted checkboxes without any associated narrative commentary. Therefore, the request is not medically necessary.

NAPROXEN SODIUM 550MG TABLET; ONCE EVERY 12HRS W/FOOD PRN PAIN; #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines do acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, however, the applicant has seemingly used this particular medication chronically, since October 2012, and has failed to derive any lasting benefit or functional improvement through ongoing usage of the same. The applicant is off of work, on total temporary disability. The applicant is now in the process of pursuing spine surgery. The attending provider has suggested that the applicant's ability to perform even basic activities of daily living is constrained and limited, despite ongoing Naprosyn usage. Therefore, the request is not medically necessary.