

Case Number:	CM14-0144280		
Date Assigned:	09/12/2014	Date of Injury:	06/17/2012
Decision Date:	10/07/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 Family Practice, and is licensed to practice in Ohio. 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 injured worker is a 46 year old female whose date of injury was 6-17-2012. She developed neck pain radiating into the left-hand. She was discovered to have evidence of cervical radiculopathy and degenerative disc disease. On 2-4-2013 she had anterior cervical discectomies and fusion at C5-C6 and C6-C7. Postoperatively, she continued to experience pain. A repeat electrodiagnostic study revealed evidence of ongoing cervical radiculopathies. Her diagnoses include cervical radiculopathy, cervical facet pain syndrome, prior cervical fusion, left shoulder pain, mild carpal tunnel syndrome, and hypertension. Her physical exam has revealed diminished cervical range of motion with paraspinal spasms. She has been maintained on anti-inflammatories since at least February 2014. A note from 4-24-2014 states that her pain is a 5/10 with medication and a 10/10 without medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Naproxen Sodium 550mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal Anti-Inflammatory Drugs Page(s): 67-68.

Decision rationale: The above cited guidelines state that anti-inflammatory drugs may be used for chronic pain but in the smallest amounts and for the shortest durations necessary. Exactly exact amounts and durations are not specified. For neuropathic pain, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. In this case, the injured worker clearly response to medication and appears to have a mixed pain condition. Therefore, 60 tablets of Naproxen Sodium 550mg are medically necessary.

30 capsules of Omeprazole 20mg: Upheld

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

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

Decision rationale: The above cited guidelines state that proton pump inhibitors such as Omeprazole are indicated to prevent gastrointestinal events if (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 (e.g., NSAID + low-dose ASA). In this case, the injured worker meets none of these criteria and therefore 30 capsules of Omeprazole 20mg are not medically necessary.