MAXIMUS Federal Services

Case Number:	CM13-0015473		
Date Assigned:	04/23/2014	Date of Injury:	01/18/2013
Decision Date:	07/14/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/22/2013

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:

This is a 59-year-old male with a 1/18/13 date of injury after slipping and falling on cement. A progress report from 6/24/13 stated the patient was being evaluated for low back pain. The diagnosis is cervicalgia, lumbago, and pain in the upper arm, pain in the joint pelvic region. He was placed on Tizandine, Ultram, and Naproxen. Exam findings revealed cervical and lumbar tenderness with paraspinal spasms and decreased range of motion. A subsequent exam from 7/15/13 noted cervical and lumbar spine spasm with decreased range of motion. On 8/19/13 the patient was still noted to have decreased range of motion and spasm in the C and L spine. Flexeril was prescribed as well as omeprazole and tramadol. The patient was only noted to be on Lisinopril at this time. Treatment to date: medications, physical therapy (no improvement), functional capacity evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ANTI-INFLAMMATORY MEDICATIONS, Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. This patient was on Tizanidine as of 6/24/13 and was prescribed cyclobenzaprine on 7/15/13. These are both centrally acting muscle relaxants and are not meant to be used long term. In addition, the patient was still noted to have muscle spasms and there is no information that the Tizanidine was helpful with regard to low back pain or spasm, thus the rationale for adding or switching to other medications of the same class is unclear. Therefore, the request for Cyclobenzaprine is not medically necessary.

OMEPRAZOLE (PRILOSEC) 20MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation FDA (Omeprazole).

Decision rationale: CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. On the progress note dated 8/19/13 the patient is not noted to be taking an NSAID, nor is a history of any GI disorders or events noted. Therefore, the request for Omeprazole is not medically necessary.