

Case Number:	CM13-0016140		
Date Assigned:	10/11/2013	Date of Injury:	04/10/2008
Decision Date:	01/24/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/26/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Pulmonary Diseases 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 physician 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 patient is a 43-year-old male who reported an injury on 04/10/2008. The patient has had ongoing treatment for pain in his bilateral upper extremities, mainly pinpointing his shoulder area. According to the documentation dated 07/18/2013, the patient was thought to have issues with his median nerves bilaterally. On the physical exam, the patient was noted as having weakness in his shoulders, difficulties with range of motion, and continues to have bilateral wrist pain, numbness and tingling in the hands with a positive Phalen's test bilaterally. The patient was seen most recently on 08/02/2013, and was noted as still having ongoing discomfort in his left shoulder. Due to the patient's industrial injury, he has been utilizing Naprosyn, Flexeril, Prilosec, and Vicodin on a regular basis. These medications relieve the effects of the injury and allow him to function at his current level. The physician is requesting Cyclobenzaprine 7.5mg and Omeprazole 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, 1-2 at bedtime: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Pain-Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®) Page(s): 41.

Decision rationale: Under the California Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain and the effect is modest and comes at the price of greater adverse effects. The effect of using this medication is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The patient has been taking the medication Cyclobenzaprine since at least June 2013, with reference to using Norflex in the past as early as 2012. Furthermore, the documentation does not provide objective measurements regarding the efficacy of this medication in regards to the patient's overall pain reduction. As such, the requested service cannot be deemed medically necessary at this time without having proper documentation stating that the medicine is having any kind of effect on the patient overall. As such, the Cyclobenzaprine is not medically necessary.

Omeprazole 20mg daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Pain-NSAIDs, GI symptoms, and cardiovascular risk Page(s): 6.

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

Decision rationale: Under the California Chronic Pain Medical Treatment Guidelines, patients at intermediate risk for gastrointestinal events and no cardiovascular disease may benefit from the use of a proton pump inhibitor, such as Omeprazole. The documentation has stated that the patient has been utilizing this medication for several months. However, the most recent documentation is dated 08/02/2013, and it is unclear what medications the patient may be taking at this time that would necessitate the use of a proton pump inhibitor. Furthermore, the documentation does not state that the patient is suffering from any form of gastrointestinal event. Thus, the Omeprazole is not considered medically necessary at this time.