MAXIMUS Federal Services

Case Number:	CM13-0017981		
Date Assigned:	06/06/2014	Date of Injury:	08/10/1980
Decision Date:	07/11/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	08/28/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in New York and Texas. 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 59 year old male who sustained an injury on 08/10/80. The mechanism of injury was not specified in the clinical records. The injured worker was followed for ongoing chronic complaints of neck pain aggravated with any repetitive motion or prolonged positioning of the neck. The injured worker also was being followed for chronic low back pain aggravated by any lifting, bending, twisting, pulling, or walking. In a clinical note dated 08/20/13 the injured worker reported a significant flare up in muscular spasms as at this visit. On physical examination range of motion in the cervical spine and lumbar spine was restricted. The injured worker had tenderness at the bilateral wrists on the volar aspect. Tinel and Phalen signs were positive bilaterally. The injured worker also presented with pain and tenderness in the bilateral knees and left ankle. The injured worker had two prior left knee surgeries to address the ACL (Anterior Cruciate Ligament) and PCL (Posterior Cruciate Ligament). The injured worker also had prior open reduction internal fixation at the left distal fibula. There were recommendations for the use of epidural steroid injections and additional injections in the knee. Medications were not discussed at this visit. The requested omeprazole 20mg #60, naproxen 550mg, and cyclobenzaprine 5mg were not recommended by utilization review on an undetermined date.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 OMEPRAZOLE 20 MG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the request for omperazole 20mg quantity 60, the most recent clinical documentation submitted for review did not specifically discuss any clinical indications for the requested medication. The treating physician did not specifically discuss medications as of the last evaluation in August of 2013. Given the paucity of clinical information provided for review supporting the use of this medication as outlined by Official Disability Guidelines (ODG), the request of 60 Omeprazole 20 Mg cannot be deemed medically necessary.

NAPROXEN SODIUM 550 MG: Upheld

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 Page(s): 67-68.

Decision rationale: In regards to the request for Naproxen 550mg, the most recent clinical documentation submitted for review did not specifically discuss any clinical indications for the requested medication. The treating physician did not specifically discuss medications as of the last evaluation in August of 2013. Given the paucity of clinical information provided for review supporting the use of this medication as outlined by Chronic Pain Medical Treatment Guidelines, the request of Naproxen Sodium 550 Mg cannot be deemed medically necessary.

CYCLOBENZAPRINE HCL 5 MG: Upheld

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 Page(s): 63-67.

Decision rationale: In regards to the request for cyclobenzaprine 5mg, the most recent clinical documentation submitted for review did not specifically discuss any clinical indications for the requested medication. The treating physician did not specifically discuss medications as of the last evaluation in August of 2013. Given the paucity of clinical information provided for review supporting the use of this medication as outlined by Chronic Pain Medical Treatment Guidelines the request of Cyclobenzaprine Hcl 5 mg cannot be deemed as medically necessary.