

Case Number:	CM13-0023369		
Date Assigned:	11/15/2013	Date of Injury:	01/15/2010
Decision Date:	01/08/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/12/2013

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 Preventative Medicine and 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral hand, wrist, bilateral shoulder, and neck pain reportedly associated with industrial injury of January 5, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; muscle relaxant; proton pump inhibitor; attorney representation; psychotropic medications; psychological counseling; long and short-acting opioids; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 3, 2013, the claims administrator retrospectively denied the request for Flexeril and Prilosec. The applicant's attorney later appealed, on September 3, 2013. In a November 8, 2013 progress note, the attending provider writes that the applicant's pain level is unchanged. Her quality of sleep is appropriate. Quality of life is unchanged. She denies any side effects with medications. In the review of systems section, there is no mention of any GI issues. The applicant is presently on Butrans, Naprosyn, Norflex, Prilosec, Tegaderm, and Vicodin. The applicant is asked to continue each of the above medications. It is stated that she is no longer using Vicodin as it makes her nauseated. There is no mention of any side effects with Naprosyn. An earlier note of October 4, 2013 is again notable for lack of any reported medication side effects. The applicant is given one diagnosis-shoulder pain. The applicant is not working, it is noted. Multiple medications are again renewed. An appeal letter of September 16, 2013 is notable for comments that the applicant is using proton pump inhibitors for prophylactic purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective prescription for Flexeril 10mg tablets, #30 (DOS: 8/26/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41, 64.

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

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous opioid and non-opioid analgesics. Adding cyclobenzaprine or Flexeril to the mix is not indicated. It is further noted there is no clear evidence of functional improvement effected through prior Flexeril usage. The applicant has not returned to work. There is no evidence of improved performance of activities of daily living and/or reduction in dependence on medical treatment effected through prior usage of Flexeril so as to offset the unfavorable MTUS recommendation. Therefore, the request remains non-certified.

Retrospective prescription for Prilosec 20mg #30 (DOS: 8/26/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, those individuals at high risk for gastrointestinal events include those applicants who are greater than 65 years in age, are employing multiple NSAIDs, and/or those individuals with a history of peptic ulcer disease, and/or those applicants who are using NSAIDs in conjunction with corticosteroids. In this case, however, the applicant seemingly meets none of the aforementioned criteria. She does not have any history of peptic ulcer disease or other GI issues. She is 59 years old (less than 65). She is not, finally, using multiple NSAIDs. She is only using one NSAID, Naprosyn. She is not using any corticosteroids. Thus, for all of these reasons, the applicant is not an individual in whom prophylactic usage of proton pump inhibitors is indicated. Accordingly, the request remains non-certified.