

Case Number:	CM13-0024440		
Date Assigned:	11/20/2013	Date of Injury:	06/23/2008
Decision Date:	01/23/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/13/2013

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 Physical Medicine and Rehabilitation 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 45-year-old male who reported an injury on 06/23/2008. The patient is currently diagnosed with cervical degenerative disc disease, pain in a joint of the upper arm, thoracic sprain, and lumbar degenerative disc disease. The patient was recently seen on 08/14/2013. The patient reported continued pain in the neck and lower back. Physical examination revealed tenderness to palpation of the cervical and lumbar spine with hypertonicity. Treatment recommendations included continuation of current medications, chiropractic treatment, and recommendations for an EMG/NCV study of the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #60: Upheld

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

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

Decision rationale: The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor.

As per the clinical notes submitted, there is no evidence of gastrointestinal disorder, nor is there documentation of cardiovascular disease or risk factors that would place this patient at intermediate or high risk for gastrointestinal events. The medical necessity has not been established. As such, the request is non-certified.

Dendracin neurodendraxin 120 ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, there is no evidence of this patient's intolerance or failure to respond to previous oral medications prior to the initiation of a topical analgesic. The medical necessity for the requested medication has not been established. As such, the request is non-certified.

Cyclobenzaprine 7.5 mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non sedating second line options for short-term treatment of acute exacerbations in patients with chronic low back pain; however, in most low back pain cases, they show no benefit beyond NSAID in pain and overall improvement. Cyclobenzaprine is recommended for a short course of therapy and should not be used for longer than 2 to 3 weeks. As per the clinical notes submitted, the latest physical examination only revealed tenderness to palpation with hypertonicity. There was no evidence of palpable muscle spasm that would warrant the need for a muscle relaxant. A previous physical examination on 07/16/2013 only documented tenderness to palpation with minimal guarding. Medical necessity for a muscle relaxant has not been established. Furthermore, there is no evidence of a failure to respond to first line treatment prior to the initiation of a second line muscle relaxant. As guidelines do not recommend Cyclobenzaprine for longer than 2 to 3 weeks, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.