

Case Number:	CM13-0028326		
Date Assigned:	11/27/2013	Date of Injury:	02/23/2010
Decision Date:	01/31/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 & Rehabilitation has a subspecialty in Interventional Spine 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.

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 patient reported a 2/23/2010 injury. He has been diagnosed with: Cervical disc syndrome; bilateral shoulder rotator cuff syndrome; lumbar spine disc disease; Ear tinnitus, referred to ENT; Headaches, referred to appropriate specialist. According to the IMR application, there is a dispute with the 9/5/13 UR decision. The 9/5/13 UR decision was from [REDACTED] and is for denial of a lumbar MRI, use of Prilosec, and Flexeril, and is based on the 8/13/13 medical report. Unfortunately, the 8/13/13 medical report was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: MTUS/ACOEM topics states "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option" As noted, UR had access to the 8/13/13 report from Dr. [REDACTED] which apparently included the request and rationale, but this report was not included for this IMR. I do have the 9/10/13

report from [REDACTED], and he states he requests the lumbar MRI as on the prior report. From the information available, the patient has 5/10 low back pain, but no subjective radicular symptoms, and no clinical findings of radiculopathy. It is not in accordance with MTUS/ACOEM guidelines.

Prilosec 20mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: I do not have the 8/13/13 report from [REDACTED], and do not see a rationale for omeprazole on his 9/10/13 report. However, I have been provided with a 10/29/13 report from [REDACTED], who is discussing the patient's acid reflux disease. There is suspicion of gastropathy secondary to NSAID use, and ulcers have not been ruled out. The patient has GERD. The boxed label for Prilosec shows indications for GERD. [REDACTED] suggested Prilosec. The request is in accordance with the box-label/FDA indications for Prilosec. History or development of ulcers would place the patient at-risk for GI events according to MTUS guidelines, and as of 10/29/13, [REDACTED] has not ruled out ulcers. There is more evidence to suggest the use of Prilosec is indicated, then there is to deny it.

Flexeril 7.5 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63.

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

Decision rationale: The request for Flexeril was apparently made on [REDACTED] 8/13/13 report, which was not made available for this IMR. The 9/10/13 report does not discuss medications. The request before me is for Flexeril 7.5mg #90, with unknown dose. The 9/10/13 report from [REDACTED] does not list the dosage, nor does the IMR physician review form, nor does the 9/6/13 CompPartners UR letter. Without the dosage for Flexeril, it cannot be compared to the MTUS recommended dosage for medical necessity. MTUS states Flexeril is not recommended for use over 3-weeks. If the prescribed dosage is 3 tablets/day, the #90 tablets will exceed the 3-week MTUS recommendation. I am unable to confirm or verify whether the incomplete prescription is in accordance with MTUS guidelines.