

Case Number:	CM13-0031207		
Date Assigned:	12/13/2013	Date of Injury:	09/14/2012
Decision Date:	06/16/2014	UR Denial Date:	09/17/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of September 14, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical compounded drugs; unspecified amounts of physical therapy and acupuncture; functional capacity testing; extracorporeal shock wave therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 17, 2013, the claims administrator denied a request for cyclobenzaprine and omeprazole while denying a request for Naprosyn. The applicant's attorney subsequently appealed. An October 1, 2013 progress note was sparse, handwritten, difficult to follow, not entirely legible, notable for ongoing complaints of low back and shoulder pain. The applicant was in the process of receiving acupuncture. Multiple medications were refilled through preprinted checkboxes. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

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

Decision rationale: The Chronic Pain Guidelines indicate that the addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using several other agents, including Naprosyn. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

OMEPRAZOLE 20MG #120: Upheld

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 AND CARDIOVASCULAR RISK Page(s): 69.

Decision rationale: The Chronic Pain Guidelines does support ongoing usage of proton pump inhibitors (PPIs) such as omeprazole or Prilosec in the treatment of non-steroidal anti-inflammatory drug (NSAID)-induced dyspepsia. However, in this case, the documentation on file is sparse, handwritten, difficult to follow, not entirely legible. The documentation does not establish the presence of any ongoing symptoms of reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, which would support ongoing usage of omeprazole. Therefore, the request is not medically necessary.