

Case Number:	CM13-0032265		
Date Assigned:	01/03/2014	Date of Injury:	06/30/2011
Decision Date:	03/19/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/07/2013

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, 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. 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:

This patient is a 57-year-old male who sustained a work-related injury on 7/30/11. Diagnoses include cervical discopathy with radiculitis, lumbar discopathy with radiculitis, bilateral carpal tunnel syndrome, and cubital tunnel syndrome. The patient presents with persistent pain of the neck that radiates to the right upper extremity with numbness and tingling. It was noted that patient's also has low back pain that radiates to the left greater than right lower extremity with numbness and tingling. Examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments with painful terminal motion. Seated nerve root test is positive. There is dysesthesia at the L5 and S1 dermatomes. Examination of the bilateral upper extremities reveals positive Tinel's sign at the elbows. There are positive Tinel's and Phalen's sign at the wrist and pain with terminal flexion. Examination of the cervical spine reveals tenderness at the cervical paravertebral muscles and upper trapezial muscle with spasm. There is painful and restricted cervical range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, 120: Upheld

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

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

Decision rationale: The patient presents with neck pain that radiates to the upper extremities with numbness and tingling. He also complains of low back pain that radiates to the lower extremities. The MTUS Guidelines state that Omeprazole is recommended with precautions. A prescribing clinician needs to determine if the patient is at risk for gastrointestinal events before prescribing this medication. Risk factors include (1) being over 65 years of age, (2) having a history of peptic ulcer, GI bleeding, or GI perforation, (3) concurrently using of aspirin, corticosteroids, and/or anticoagulants, or (4) taking high dose/multiple NSAIDs. In this case, the treating does not provide any GI risk assessment. There is no mention of gastric irritation, no peptic ulcer history, and no concurrent use of aspirin or anticoagulants. In addition, this patient is not noted to be taking any NSAIDs. As such, the request is denied.

Cyclobenzaprine 7.5mg,120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This patient presents with continued pain of the neck that radiates to the right upper extremity with numbness and tingling. He also complains of low back pain that radiates to the lower extremities. The MTUS Guidelines state that Cyclobenzaprine is recommended for short courses of therapy. Limited mixed evidence does not allow for a recommendation for chronic use. MTUS Guidelines do not recommend long term use of Cyclobenzaprine; the recommendation is for 3-4 days for acute spasms and no more than 2-3 weeks. The request is for 120 Cyclobenzaprine, which exceeds what is recommended by MTUS Guidelines. Furthermore, an agreed medical examiner report dated 9/23/13 indicated that muscle relaxants are not effective for this patient. As such, the request is denied.