

Case Number:	CM13-0043179		
Date Assigned:	12/27/2013	Date of Injury:	07/29/2013
Decision Date:	02/26/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

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 Family Medicine, and is licensed to practice in Utah. 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 medical records provided for review show no evidence of muscle spasm that would require a muscle relaxant at this time. Following the MTUS Chronic Pain Guidelines, there is no indication for the use of Cyclobenzaprine. The request is not medically necessary and appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective prescription of Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic).

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

Decision rationale: The patient at this time does not meet the MTUS Chronic Pain Guidelines' criteria for indication of a Proton Pump Inhibitor. The clinical documents show that he is not a risk for a gastrointestinal event. Therefore there is no evidence of prophylactic use of Omeprazole. The request is not medically necessary and appropriate.

1 retrospective prescription of Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42..

Decision rationale: The medical records provided for review show no evidence of muscle spasm that would require a muscle relaxant at this time. Following the MTUS Chronic Pain Guidelines, there is no indication for the use of Cyclobenzaprine. The request is not medically necessary and appropriate.