

Case Number:	CM13-0046995		
Date Assigned:	12/27/2013	Date of Injury:	06/20/2006
Decision Date:	05/22/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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:

This case involves a 49 year-old male with a June 20, 2006 industrial injury claim. He has been diagnosed as s/p lumbar fusion at L4/5 from 6/2009 with bilateral lower extremity radiculitis; right knee patellofemoral arthralgia. According to the October 14, 2013 physiatry report from [REDACTED], the patient presents with 8/10 low back pain, but with medications drops to 5/10. He takes Norco, Flexeril and Prilosec. The October 14, 2013 check-box formatted treatment plan was to continue Norco for chronic pain syndrome; continue Prilosec for treatment of dyspepsia due to NSAID (non-steroidal anti-inflammatory drug) use, Flexeril for spasm. The October 14, 2013 RFA (Request for Application) also contains a request for CBC (complete blood count) and metabolic panel for liver/kidney function. On October 29, 2013 UR approved Norco, but denied Prilosec; Flexeril and a CBC and metabolic panel.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20MG, THIRTY COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI (gastrointestinal) Symptoms & Cardiovascular.

Decision rationale: The patient presents with low back pain and was reported to take Norco for pain, Flexeril for spasm, and Prilosec for dyspepsia from NSAIDs. The records make no mention of NSAID use. The patient had past history of GERD (gastroesophageal reflux disease), but no mention of Ulcer or GI bleed or any of the Chronic Pain Medical Treatment Guidelines' risk factors for GI events. There is no current mention of GERD. The use of omeprazole (Prilosec) in this case is not in accordance with MTUS guidelines. The request for Prilosec 20mg, thirty count, is not medically necessary or appropriate.

FLEXERIL 10MG: Upheld

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

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

Decision rationale: The patient presents with low back pain. I have been asked to review for continued use of an incomplete prescription of Flexeril 10mg. The frequency and duration or total number of tablets were not listed. The records show the patient has been using Flexeril since March 15, 2013. The Chronic Pain Medical Treatment Guidelines specifically states Cyclobenzaprine/Flexeril is not recommended for use longer than three weeks. The request for Flexeril 10mg is not medically necessary or appropriate.

A COMPLETE BLOOD COUNT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 286.

Decision rationale: The patient presents with low back and knee pain. There are no red-flags listed on the 10/14/13 evaluation, there is no mention of bleeding problems that might lead to anemia or infection symptoms that may show elevated white cells or tumors that would change a blood cell count. I have been asked to review for a routine CBC. The Low Back Complaints Chapter of the ACOEM Practice Guidelines, in the master algorithm, show lab studies only for assessment of red-flag conditions. The request for a complete blood count is not medically necessary or appropriate

METABOLIC PANEL LAB TEST: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section, and the NSAIDs, Hypertension And Renal Function Section.

Decision rationale: The patient presents with low back and knee pain. I have been asked to review for a metabolic panel for evaluation of liver/kidney function. The records show the patient has been on Norco, Prilosec and Flexeril for an extended period of time. Norco is a compound of hydrocodone and acetaminophen. The Chronic Pain Medical Treatment Guidelines lists hepatotoxicity as an adverse effect of acetaminophen. The metabolic panel for evaluation of this appears to be in accordance with the Chronic Pain Medical Treatment Guidelines. The request for a metabolic panel lab test is medically necessary and appropriate.