

Case Number:	CM13-0049922		
Date Assigned:	12/27/2013	Date of Injury:	06/13/2007
Decision Date:	03/07/2014	UR Denial Date:	10/10/2013
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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 patient is a 53-year-old male who reported an injury on 06/13/2007, due to a fall of approximately 3 feet that reportedly caused injury to the lumbar spine. The patient has had previous therapy to include physical therapy, acupuncture, and medications. The patient's most recent clinical examination revealed that the patient had neck and low back pain and lower extremity pain rated at a 7/10. Evaluation of the cervical spine, shoulder, and lumbar spine revealed restricted ranges of motion secondary to pain. The patient had disturbed sensation in the C7 dermatome and a positive straight leg raising test bilaterally. The patient's diagnoses included facet arthropathy, cervicalgia, cervical and lumbar spine disc herniation with nerve root impingement, right shoulder degenerative joint disease, and non-steroidal anti-inflammatory drug induced gastritis. The patient's treatment recommendations included medications, which were documented as cyclobenzaprine, GABAdone, Gabapentin, Imuhance, Percura, omeprazole, and tramadol. The patient was also referred for pain management, submitted to a urine drug screen, and electrodiagnostic studies were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Muscle relaxants

(for pain) Skeletal muscle relaxants Page(s): 6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter ACOEM Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

Decision rationale: The clinical documentation submitted for review provides evidence that the patient has persistent pain. The Chronic Pain Guidelines recommend muscle relaxants for short courses of treatment for acute exacerbations of low back pain, with muscle spasms. The clinical documentation submitted for review does not provide any evidence that the patient has any muscle spasms. Additionally, the clinical documentation does indicate that the patient previously used muscle relaxers for pain control. The efficacy of those previous medications was not established within the documentation. The guidelines recommend the use of muscle relaxants for short durations of treatment. The clinical documentation indicates that the patient has been using muscle relaxers for an extended duration. Therefore, the continued use would not be supported. As such, the requested Cyclobenzaprine 10 mg #60 is not medically necessary or appropriate.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The Chronic Pain Guidelines recommend the use of gastrointestinal protectants for patients who are at risk for developing gastrointestinal disturbances related to medication usage. The clinical documentation indicates that the patient is diagnosed with gastritis related to medication usage. However, the most recent clinical documentation does not provide an adequate assessment of the patient's gastrointestinal system to support that the patient is at continued risk for developing gastrointestinal disturbances related to medication usage. Therefore, the use of a gastrointestinal protectant would not be indicated. As such, the requested Omeprazole 20 mg #60 is not medically necessary or appropriate.