

Case Number:	CM13-0069574		
Date Assigned:	01/03/2014	Date of Injury:	08/21/2013
Decision Date:	06/05/2014	UR Denial Date:	12/13/2013
Priority:	Standard	Application Received:	12/23/2013

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 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 injured worker is a 66-year-old male who reported an injury on 08/21/2013. The mechanism of injury was that the injured worker was carrying a box weighing approximately 50 pounds walking backwards when he tripped over a step causing him to fall. The injured worker's medication history included cyclobenzaprine 7.5 mg #90 1 every 8 to 12 hours for muscle spasms, naproxen 550 mg #60 twice a day for inflammation with food, hydrocodone/APAP 2.5/325 mg #90 one every 8 to 12 hours as need for severe pain and omeprazole 20 mg #30 one daily to protect the stomach from the previously mentioned medications. The documentation of 09/23/2013 was the most recent documentation submitted for review which indicated that the injured worker's pain was 8/10. The diagnoses included sprain/strain of the cervical region, sprain/strain of the lumbar region and muscle spasms of the neck. The physical examination revealed that the injured worker had neck muscle tenderness in the paracervical and sternocleidomastoid and spasms of the neck muscles and the trapezius. The medications per this visit were acetaminophen 500 mg capsules #40 one as directed, nabumetone 750 mg tablets #20 one by mouth twice daily after meals, cyclobenzaprine HCl 7.5 mg #30 one at bedtime, Polar Frost 150 mL 5 ounce gel tube 3 times a day, and omeprazole DR 20 mg #30 one by mouth daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG 1 TAB Q 8-12 HOURS PRN FOR SPASM: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated that the injured worker had been on the medication for more than 1 month. It was indicated that the injured worker continued to have muscle spasms. There was lack of documentation of objective functional improvement. Given the above, the request for Cyclobenzaprine 7.5 mg 1 tablet every 8 to 12 hours as needed for spasms is not medically necessary.

HYDROCODONE 2.5/325 MG 1 TAB Q 8-12 HOUR PRN FOR PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management, OPIOID DOSING Page(s): 60, 78, 86.

Decision rationale: The California MTUS Guidelines recommend opiates for the treatment of pain. There should be documentation of objective functional improvement, and an objective decrease in pain as well as documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for 1 month. There was lack of documentation of the above criteria. Given the above, the request for hydrocodone 2.5/325 mg 1 tablet every 8 to 12 hours as needed for pain is not medically necessary.

OMEPRAZOLE 20 MG 1 CAP DAILY: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the injured worker had been utilizing the medication for greater than 1 month. There was lack of documentation of the efficacy for the requested medication. The request, as submitted, failed to indicate the quantity of medication being requested. Given the above, the request for Omeprazole 20 mg 1 capsule daily is not medically necessary.