

Case Number:	CM13-0069739		
Date Assigned:	01/03/2014	Date of Injury:	06/21/2010
Decision Date:	04/30/2014	UR Denial Date:	12/06/2013
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 & 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 patient is a 44-year-old female who reported an injury on 06/21/2010. The mechanism of injury was a slip and fall in a puddle of water. The patient's medication history included omeprazole and cyclobenzaprine as of 07/2013. The documentation of 07/21/2013 revealed that the patient had a lumbar sprain/strain, cervical radiculopathy and a cervical spine sprain/strain as well as insomnia. The examination of the cervical spine revealed tenderness and myospasms that was palpable over the bilateral paracervical muscles and bilateral trapezius muscles. The patient had tenderness and myospasm that was palpable over the bilateral paralumbar muscles. The treatment plan was noted to include continuation of the current medications, including Anaprox, cyclobenzaprine and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG: Upheld

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

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 indicated that the patient had been taking the medication for greater than 2 months. There was a lack of documentation of objective functional improvement. Additionally, the request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request for cyclobenzaprine 7.5 mg is not medically necessary.

OMEPRAZOLE 20MG: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend PPIs as appropriate treatment for patients with dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the patient had been taking the medication since 07/2013. There was a lack of documentation indicating the efficacy of the requested medication. Additionally, the request as submitted failed to indicate the quantity of the medication being requested. Given the above, the request for omeprazole 20 mg is not medically necessary.