

Case Number:	CM13-0069772		
Date Assigned:	01/03/2014	Date of Injury:	06/08/2004
Decision Date:	05/05/2014	UR Denial Date:	12/11/2013
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, has a subspecialty in Interventional Spine 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 54-year-old female with a date of injury of 06/08/2004. The listed diagnoses per [REDACTED] are sprain of cervical spine with left upper extremity radiculopathy or radiculitis, sprain of lumbar spine with left lower extremity radiculitis, internal derangement left shoulder, disk bulge L4-L5 (3 to 4 mm) and L5-S1 (5 mm) and status post left shoulder arthroscopy dated 05/24/2005. According to the report dated 09/17/2013 by [REDACTED], the patient presents with complaints of pain in the neck and back of the head. She also complains of lower back pain and bilateral knee pain. The objective finding reports "limited ROM and increased tenderness". There is no other physical examination reporting. The report dated 07/12/2013 by [REDACTED] reports the patient complains of low back pain. The objective findings include antalgic gait. The patient is using a cane and lumbar corset. This is the extent of the report. The provider is requesting a refill of Flexeril 10 mg, Ultram 50 mg, Prilosec 20 mg, and Orudis 7.5 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 10MG #30 WITH 6 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: This patient presents with neck, head, low back and bilateral knee pain. The provider is requesting a refill of Flexeril 10 MG #30. The California MTUS Guidelines page 64 states, "Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for recommendation for chronic use." In this case, medical records indicate this patient has been prescribed this medication since 03/11/2013, possibly earlier, as this is the earliest report provided for review. The California MTUS does not recommend long-term use of muscle relaxants and recommends using 3 to 4 days of acute spasm and no more than 2 to 3 weeks. In addition, the provider does not indicate any spasm on examination. The requested Flexeril is not medically necessary and recommendation is for denial.

ORUDIS 7.5MG #60 WITH 6 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: This patient presents with neck, head, low back and bilateral knee pain. The provider is requesting a refill of Orudis 7.5 MG #60. The California MTUS guidelines pg 22 supports use of NSAIDs as a first-line treatment for "chronic LBP." The California MTUS also states on page 67 that it is recommended as an option for short-term symptomatic relief in "Chronic low back pain." Review of reports show this patient has been on Orudis since 03/11/2013, possibly earlier, as this is the earliest report provided for review. In this case, the provider does not discuss the efficacy of this medication in any of these reports. MTUS pg 60 requires documentation of pain assessment and functional changes when medications are used for chronic pain. Recommendation is for denial.

PRILOSEC 20MG #60 WITH 6 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk, Page(s): 68-69.

Decision rationale: This patient presents with neck, head, low back and bilateral knee pain. The provider is requesting a refill of Prilosec 20 MG #60. The California MTUS Guidelines states Omeprazole recommended with precautions as indicated below: 1) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. 2) Determine if the patient is at risk for gastrointestinal events (3) age is greater than 65 years, (4) history of peptic ulcer, GI bleeding, or perforation (5) concurrent use of ASA, corticosteroids and/or an anticoagulant or for high dose/multiple NSAID. The patient has been prescribed Prilosec since

03/01/2013. In this case, review of reports from 03/01/2013 to 09/17/2013 does not mention any gastric irritation or peptic ulcer history, no concurrent use of ASA, etc. In addition, the patient is not noted to be taking any NSAIDs. The requested Prilosec is not medically necessary and recommendation is for denial.