

Case Number:	CM13-0070419		
Date Assigned:	01/08/2014	Date of Injury:	10/11/2005
Decision Date:	06/05/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, 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 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 62-year-old man, who reported an injury on 10/11/2005. The mechanism of injury was not provided in the documentation. According to the note dated 08/13/2013, the injured worker had an epidural steroid injection on 06/01/2012 and again on 07/26/2013 with 75% pain improvement for six (6) weeks. An MRI of the lumbar spine, dated 08/24/2006, showed L5-S1 disc protrusion, moderate bilateral foraminal narrowing, and mild bilateral foraminal narrowing to L2-L3 and L3-L4. According to the note dated 11/19/2013, the injured worker was reported to have had a cerebrovascular accident on 11/08/2013. The diagnoses included low back pain, bilateral shoulder impingement, and chronic arthritis. The request for authorization for medical treatment was submitted on 08/14/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20 MG # 100 DOS 11/19/13 BOTTLES FILLED 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), AUGUST 2013.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK.

Decision rationale: The Chronic Pain Guidelines indicate that the use of proton pump inhibitor (PPI) therapy due to the side effects and long term problems, is limited to those individuals greater than 65 years of age, and/or with a history of peptic ulcer, gastrointestinal (GI) bleed or perforation, and those on high doses or multiple non-steroidal anti inflammatory drugs (NSAIDS). Long-term PPI use, greater than one (1) year, has been shown to increase the risk of hip fracture. The documentation provided indicate the injured worker used NSAIDS as needed. There was a lack of documentation of the strength of the NSAIDS taken as well as the frequency. There was also a lack of documentation indicating the injured worker has any of the conditions required for the use of a proton pump inhibitor, and is at risk for gastrointestinal events. Therefore, the request for Omeprazole 20mg, #100 from the date of service 11/19/2013, is non-certified.

**RETROSPECTIVE REQUEST FOR FLEXERIL 7.5 MG # 90 FOR DOS 11/19/13
BOTTLES FILLED 3:** Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 60, 63.

Decision rationale: The Chronic Pain Guidelines indicate that muscle relaxants are recommended as an option, using a short course of therapy. The effect is the greatest in the first four (4) days of treatment suggesting that shorter courses may be better. This medication is not recommended to be used for longer than two- to-three (2-3) weeks, and the treatment should be brief. Flexeril is a muscle relaxant. The guidelines indicate use of muscle relaxants is not recommended for more than a few weeks after an acute injury due to their high risk of dependency and loss of effectiveness. There is a lack of documentation regarding the length of time the injured worker has been utilizing this medication. The effectiveness of the medication is unclear. The recommended muscle relaxants should not be used for longer than two- to-three (2-3) weeks; however, the request is for one (1) month or longer. Therefore, the request for Flexeril 7.5mg, #90 from the date of service 11/19/2013, is non-certified.