

Case Number:	CM13-0071834		
Date Assigned:	01/08/2014	Date of Injury:	01/13/2009
Decision Date:	06/13/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/30/2013

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 Anesthesiologist & 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 58-year-old male who reported an injury on 01/13/2009. The mechanism of injury was not stated. Current diagnoses include status post right shoulder surgery, status post left shoulder surgery on 07/26/2013, status post left knee surgery, cervical spine disc syndrome, rotator cuff rupture, low back syndrome, joint pain and bilateral knee medial meniscal tear. The injured worker was evaluated on 10/28/2013. The injured worker reported 6/10 neck and lower back pain as well as 3/10 right knee pain and 5/10 left knee pain. Physical examination revealed diminished grip strength on the left, limited cervical range of motion, limited shoulder range of motion bilaterally and diminished strength in bilateral upper extremities. Treatment recommendations included prescriptions for Relafen 750 mg, Flexeril 7.5 mg and omeprazole 20 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF FLEXERIL 7.5MG, #90 (PRESCRIBED ON 10/28/13): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. As Guidelines do not recommend long term use of this medication, the current request is not medically appropriate. As such, the request is not medically necessary and appropriate.

PRESCRIPTION OF OMEPRAZOLE 20MG, #60 (PRESCRIBED ON 10/28/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID), Gastrointestinal (GI) Symptoms & Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically necessary and appropriate.