

Case Number:	CM14-0006181		
Date Assigned:	03/03/2014	Date of Injury:	02/14/2003
Decision Date:	07/10/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/16/2014

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 60-year-old male who reported an injury on 2/14/03. The mechanism of injury was not provided for review. The diagnoses included status post fusion L3 through S1 and status post fusion C3 to C7. Per the 10/15/13 progress report, the injured worker reported radiating low back pain. The injured worker reported that his medications allowed him to walk further and perform his activities of daily living. The injured worker reported his medications brought his pain level down from 8/10 to 5/10. The injured worker was to continue taking his current medications, including Flexeril 10mg and Prilosec 20mg. Per the 12/10/13 progress report, the injured worker reported persistent neck and low back pain. Objective findings included tenderness to the lumbar and cervical paraspinal muscles. The injured worker's medication regimen included Flexeril 10mg and Prilosec 20mg. Prior treatments included aquatic therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRILOSEC 20 MG QUANTITY 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68-69.

Decision rationale: The California MTUS Guidelines recommend proton pump inhibitors for patients taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. Risk factors for gastrointestinal event include: age greater than 65 years; history of peptic ulcers, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose multiple NSAID use. The medical records provided indicate an ongoing prescription for Prilosec since at least 10/15/13. There is no indication the injured worker was experiencing gastrointestinal problems or was at risk for gastrointestinal event. The efficacy of the medication was not discussed. The guidelines do not support the use of proton pump inhibitors in patients who are not taking NSAIDs. As such, the request is not medically necessary.

FLEXERIL 10 MG QUANTITY 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The California MTUS Guidelines recommend Flexeril as an option, using a short course of therapy; treatment should be brief. The records provided indicate an ongoing prescription for Flexeril since at least 10/15/13. There is a lack of documentation regarding objective findings of muscle spasm to warrant the use of Flexeril. Nonetheless, the guidelines do not recommend the long-term use of Flexeril. Therefore, the continued use of Flexeril is not supported. The request is not medically necessary.