

Case Number:	CM14-0009039		
Date Assigned:	01/29/2014	Date of Injury:	11/25/2009
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/03/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas & Oklahoma. 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 42-year-old female who reported an injury on 11/25/2009 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to her cervical spine and bilateral upper extremities. The injured worker's treatment history included multiple carpal tunnel releases bilaterally, physical therapy, injection therapy, and multiple medications. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on 01/08/2014. It was documented that the injured worker had continued cervical spine complaints with a positive Spurling's maneuver axial compression loading test. It was noted that the injured worker had decreased sensation in the C6-7 dermatomal distribution. Evaluation of the bilateral wrists documented that the injured worker had a positive Tinel's sign bilaterally. The injured worker's diagnoses included cervical discopathy, cubital tunnel/double crush syndrome, status post right carpal tunnel release, and status post left carpal tunnel release. The injured worker's treatment plan included surgical intervention. The Request for Authorization of medications was submitted on 01/27/2014. Medications included naproxen sodium, cyclobenzaprine, ondansetron, Omeprazole, tramadol, levofloxacin, and Terocin patches. It was documented that the injured worker would take cyclobenzaprine for muscle spasming every 8 hours, not to exceed more than 3 per day. It was documented that the injured worker described a history of epigastric pain and stomach upset while using NSAIDs in the past for chronic pain and required a gastrointestinal protectant.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested CYCLOBENZAPRINE 7.5 MG #120 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends cyclobenzaprine for short durations of treatment not to exceed 2 weeks to 3 weeks for acute exacerbations of chronic pain. The clinical documentation does indicate that the injured worker has been taking this medication for an extended duration of time. Therefore, continued use would not be supported. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. Additionally, the request as it is submitted does not clearly define a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested CYCLOBENZAPRINE 7.5 MG #120 is not medically necessary or appropriate.

OMEPRAZOLE DELAYED RELEASE 20 MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The requested OMEPRAZOLE DELAYED RELEASE 20 MG #120 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the use of gastrointestinal protectants for injured workers who are at risk for developing gastrointestinal events related to medication usage. The clinical documentation submitted for review does indicate that the injured worker has a history of gastrointestinal upset related to medication usage. This would put the injured worker at risk for development of gastrointestinal events related to medication usage. However, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested OMEPRAZOLE DELAYED RELEASE 20 MG #120 is not medically necessary or appropriate.