MAXIMUS Federal Services

Case Number:	CM14-0101739		
Date Assigned:	09/16/2014	Date of Injury:	10/28/2006
Decision Date:	10/23/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/01/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi. 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 records presented for review indicate that this 51-year-old gentleman was reportedly injured on October 28, 2008. The most recent progress note, dated July 16, 2014, indicates that there are ongoing complaints of neck pain and headaches radiating to the bilateral upper extremity. There was also a complaint of low back pain radiating to the lower extremities and bilateral ankle/foot pain. Current medications include Neurontin, Cymbalta, and Norco. The injured employee reports 50% relief of symptoms and an increase of his ability to perform activities of daily living with current medications. The physical examination demonstrated decreased cervical spine range of motion without tenderness. All orthopedic tests were stated to be negative bilaterally. Diagnostic imaging studies of the cervical spine revealed status post anterior cervical decompression and fusion from C3 through C7 without fracture or instability. There was left neural foraminal stenosis from C2 through C4. Previous treatment includes cervical spine epidural steroid injections, a cervical spine fusion from C3 through C7, a lumbar spine fusion, a left knee arthroscopy times 2, a left shoulder arthroscopy times 2, a right knee arthroscopy, physical therapy, and oral medications. A request had been made for omeprazole, tramadol ER, cyclobenzaprine and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole DR 20mg; 1 BID #60: 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 Page(s): 68-69.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal (G.I.) disorder. Additionally, the injured employee does not have a significant risk factor for potential G.I. complications as outlined by the MTUS. Therefore, this request for omeprazole is not medically necessary.

Retrospective Tramadol ER 150mg; 1 OD #30 Refill; 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there has been evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. The most recent progress note dated July 16, 2014, fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request for tramadol ER is not considered medically necessary.

Retrospective Cyclobenzaprine 7.5mg; 1 BID #90 Refill: 1 Date of Service: 03/17/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64,68.

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

Decision rationale: Cyclobenzaprine is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, dated July 16, 2014, the injured employee does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons this request for cyclobenzaprine is not medically necessary.