

Case Number:	CM14-0108435		
Date Assigned:	09/16/2014	Date of Injury:	08/04/2011
Decision Date:	10/20/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 Internal Medicine, has a subspecialty in Nephrology 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:

This is a 58 year old male with an 8/4/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 5/16/14 noted subjective complaints of neck, back, shoulder, wrist, and knee pain. Objective findings included decreased range of motion (ROM) in the neck and tenderness to palpation in the trapezius muscles. Diagnostic Impression: neck sprain Treatment to Date: medication management. A UR decision dated 6/30/14 denied the request for Cyclobenzaprine 7.5mg #90. Cyclobenzaprine is not recommended for use longer than 2-3 weeks. It also denied Omeprazole 20 mg #30. Medical records gave no indication of having any risk factors or complaints of GI events.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines (May 2009); Cyclobenzapr.

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

Decision rationale: According to page 41 of the California Medical Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an

option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However, given the 2011 date of injury, it is unclear how long the patient has been on Cyclobenzaprine. Guidelines do not recommend chronic use. Additionally, there is no mention of acute exacerbation of a neck or back injury. Therefore, the request for Cyclobenzaprine 7.5 mg #90 was not medically necessary.

1 Prescription of Omeprazole 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines (May 2009); Omeprazole.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (omeprazole)

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. There remains no report of gastrointestinal complaints or chronic NSAID use. The patient is noted to be on chronic NSAID therapy. Use of the requested medication is substantiated. Therefore, the request for 1 prescription of Omeprazole 20 mg #30 was medically necessary.