

Case Number:	CM14-0137289		
Date Assigned:	09/05/2014	Date of Injury:	05/29/2014
Decision Date:	11/07/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/25/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back, mid back, knee, ankle, and foot pain reportedly associated with an industrial injury of May 29, 2014. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy. In a Utilization Review Report dated August 8, 2014, the claims administrator denied a request for Omeprazole and Cyclobenzaprine. The applicant's attorney subsequently appealed. In a June 28, 2014 progress note, the applicant apparently transferred care to a new primary treating provider, reporting neck, mid back, knee, and ankle pain complaints with derivative complaints of depression and insomnia. It was suggested that the applicant was working with restrictions in place. The applicant did exhibit palpable tenderness over the thoracic paraspinal musculature. There was no discussion of medication selection incorporated in this report. The applicant's medication list was not attached. In an earlier progress note dated June 24, 2014, the applicant was given prescriptions for Relafen, Polar Frost, and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Prilosec Medication Guide (<http://www.fda.gov/downloads/Drugs/DrugSafety/UCM322359.pdf>)

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date of the request. ACOEM does not address the topic of proton pump inhibitors such as Omeprazole. As noted by the Food and Drug Administration (FDA), Prilosec or Omeprazole is indicated in the treatment of duodenal ulcers, gastric ulcers, and/or gastroesophageal reflux disease in adults and children. In this case, there was no mention made of issues with reflux, heartburn, dyspepsia, esophagitis, and/or ulcers present on any of the aforementioned progress notes. Therefore, the request is not medically necessary.

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Muscle relaxants.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, usage of muscle relaxants in conjunction with NSAIDs has "no demonstrated benefits." In this case, the applicant was described as concurrently using an NSAID medication, Relafen. Adding Cyclobenzaprine to the mix does not appear to be indicated, particularly in light of the fact that the applicant appears to be using a second muscle relaxant medication, Orphenadrine (Norflex). Therefore, the request is not medically necessary.