MAXIMUS Federal Services

Case Number:	CM14-0158091		
Date Assigned:	10/01/2014	Date of Injury:	08/15/2007
Decision Date:	10/29/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 62 year old male who was injured on 8/15/2007. He was diagnosed with neck pain, cervical degenerative disc disease, cervical radiculopathy, myofascial pain, chronic pain, and lumbar degenerative disc disease. He was treated with NSAIDs, muscle relaxants, epidural injections, and physical therapy. On 9/11/14, the worker was seen by his treating physician complaining of continual low back pain which radiated to his right leg. He also reported having worsening neck pain over the prior few months which radiated to his upper extremities. His pain medications only were able to reduce his pain by 40%. The physical examination revealed lumbar tenderness. He was then recommended a cervical epidural steroid injection, tramadol, omeprazole, sertraline, cyclobenzaprine, and gabapentin. He had been already using sertraline, omeprazole and tramadol previous to this office visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitor Page(s): 68.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there is no evidence that he was using NSAIDs chronically. There was also no evidence found in the documents provided for review that he had any increased risk of a gastrointestinal event that might warrant a proton pump inhibitor. Therefore, Omeprazole 20mg #30 is not medically necessary and appropriate.

Cyclobenzaprine 7.5mg #60: 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 Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. The worker in this case was exhibiting an acute worsening of his neck pain and radiculopathy on 9/11/14 and was given 60 pills of cyclobenzaprine 7.5 mg, which is much more than is necessary to treat an acute exacerbation. Therefore, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary and appropriate.