MAXIMUS Federal Services

Case Number:	CM14-0172871		
Date Assigned:	10/23/2014	Date of Injury:	03/13/2014
Decision Date:	12/02/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 53 year old who had a work injury dated 3/13/14. The diagnoses include lumbar disc with radiculitis, degeneration of lumbar disc, low back pain, and neck pain and shoulder pain. Under consideration are requests for Prilosec delayed release 20mg and Cyclobenzaprine 7.5mg. There is a progress report dated 09/ 16/ 14 that states that the patient complained of low back pain that went up the spine and neck, which radiated to the bilateral lower extremities with tingling/numbness and weakness. The patient reported occasional radicular pain in the neck and shoulder. The patient rated the pain at 6/10 and described the pain as burning, sharp-shooting, tingling, numbness, pinprick, stabbing, deep-pressure, tightness and spasm. The patient -reported the pain was aggravated by work and alleviated by lying down or sitting. Examination revealed gait is non-antalgic. The patient is able to heel and toe walk. At his best posture, he does not demonstrate any major postural abnormalities. Guarding motor strength 5/5 bilateral lower extremities; sensory: normal to light touch, pinprick and temperature bilateral lower extremities, deep tendon reflexes bilateral knees and ankles. Straight leg raise positive bilaterally for radicular symptoms at 30 degrees. Patrick/Gaenslen test: Negative for sacroiliac arthropathy, Pace/Freiberg's test: Negative for Piriformis syndrome, Range of Motion: full in all planes with no restrictions or pain. Cervical spine: Restricted in all planes with increased pain. Muscle guarding is also noted. Muscle guarding is noted along cervical paraspinal and trapezius muscle groups bilaterally. Motor strength 5/5, Sensory: normal to light touch, Pinprick, Temperature along all dermatomes bilateral upper extremities. Deep tendon reflexes are 2+symmetrical. Bilateral shoulder range of motion is full.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec delayed release 20mg: Upheld

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

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

Decision rationale: Prilosec delayed release 20mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that the patient is at risk for gastrointestinal (GI) events if they meet the following criteria (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of acetylsalicylic acid (ASA), corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug (NSAID) (e.g., NSAID + low-dose ASA). The guidelines also state that a proton pump inhibitor can be considered if the patient has NSAID induced dyspepsia. The request as written does not indicate a quantity. Additionally the documentation does not indicate that the patient meets the criteria for a proton pump inhibitor, therefore, the request for Prilosec delayed release 20mg is not medically necessary.

Cyclobenzaprine 7.5mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42, 64.

Decision rationale: Cyclobenzaprine 7.5mg is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The documentation indicates that the patient has already been on Cyclobenzaprine longer than the recommended 2-3 week duration. There is no evidence of functional improvement from prior use. There are no extenuating circumstances documented that would necessitate continuing this medication beyond the 2-3 week time frame. The request does not have a quantity indicted. For all of the above reasons the request for Cyclobenzaprine 7. 5mg is not medically necessary.