

Case Number:	CM14-0020507		
Date Assigned:	06/20/2014	Date of Injury:	05/27/2012
Decision Date:	07/17/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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:

According to the records made available for review, this is a 62-year-old female with a 5/27/12 date of injury. At the time of the request for authorization for Diclofenac extended release 100 mg, Omeprazole 20 mg, and Cyclobenzaprine 7.5, the patient had moderate to severe pain; neck pain, shoulder pain, low back pain, and pain down the leg, wrist pain; gastritis side effects from medications, tenderness over the paracervical musculature, muscle spasm, diminished sensation C8 nerve distribution, pain with extension and lateral bending; lumbar spine tenderness in the paralumbar musculature, spasm, right shoulder positive Neer and Hawkins tests, decreased shoulder strength, wrist tenderness. The patients diagnoses included right shoulder impingement syndrome, painful scar left hand, status post carpal tunnel release left hand, cervical strain, radiculitis, left upper extremity, left C8 neuropathic pain, right forearm tendinitis, low back pain, radiculitis lower extremity, and L4 neuropathic pain. The treatment to date included physical therapy and medications including Diclofenac, Omeprazole, Tramadol and Cyclobenzaprine. Regarding the requested Cyclobenzaprine 7.5, there is no documentation of an acute exacerbation of chronic low back pain and that cyclobenzaprine is being used as a second line option for short-term treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

DICLOFENAC EXTENDED RELEASE 100 MG: Overturned

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 NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 67-68 Page(s): 67-68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, painful scar left hand, status post carpal tunnel release left hand, cervical strain, radiculitis, left upper extremity, left C8 neuropathic pain, right forearm tendinitis, low back pain, radiculitis lower extremity, and L4 neuropathic pain. In addition, there is documentation of chronic low back pain. Therefore, based on guidelines and a review of the evidence, the request for Diclofenac extended release 100 mg is medically necessary.

OMEPRAZOLE 20 MG: Overturned

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 NSAIDs, GI symptoms & cardiovascular risk, page(s) 68-69 Page(s): 68-69. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. The ODG identifies documentation of risk for gastrointestinal events, or preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, painful scar left hand, status post carpal tunnel release left hand, cervical strain, radiculitis, left upper extremity, left C8 neuropathic pain, right forearm tendinitis, low back pain, radiculitis lower extremity, and L4 neuropathic pain. In addition, there is documentation of gastritis from medications. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20 mg is medically necessary.

CYCLOBENZAPRINE 7.5: 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 Muscle relaxants (for pain), page(s) 63-64 Page(s): 63-64. Decision based on Non-MTUS Citation Non-MTUS Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. The ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of right shoulder impingement syndrome, painful scar left hand, status post carpal tunnel release left hand, cervical strain, radiculitis, left upper extremity, left C8 neuropathic pain, right forearm tendinitis, low back pain, radiculitis lower extremity, and L4 neuropathic pain. However, there is no documentation of an acute exacerbation of chronic low back pain and that Cyclobenzaprine is being used as a second line option for short-term treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5 is not medically necessary.