

Case Number:	CM14-0021061		
Date Assigned:	06/11/2014	Date of Injury:	05/23/2011
Decision Date:	07/24/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgeon, and is licensed to practice in Texas. 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 injured worker is a 50-year-old male with a reported date of injury on 05/23/2011. The mechanism of injury was reported as a slip and fall. The injured worker presented with complaints of right elbow, left elbow, bilateral wrists and left hand pain. The clinical information indicated the injured worker underwent right carpal tunnel release on 11/16/2012. Upon physical examination, the injured worker presented with tenderness to palpation to the right rotator cuff muscles. The right shoulder range of motion revealed flexion to 180 degrees, extension to 50 degrees, abduction to 90 degrees, adduction to 50 degrees, and bilateral rotation to 90 degrees. The injured worker's left shoulder range of motion was revealed as within normal limits. The injured worker began utilizing Prilosec prior to 07/02/2013, for reports of GI upset with pain medications. The endoscopy dated 08/28/2013 revealed grade B reflux, ulcerative esophagitis, hiatal hernia, erosive gastritis, and internal hemorrhage. Previous physical therapy and conservative care was not provided within the documentation available for review. The injured worker's diagnosis included ulcerative esophagitis, hiatal hernia, gastritis, status post right carpal tunnel release, and right trigger finger release, cervical disc disease, right shoulder impingement syndrome, right rotator cuff syndrome, right elbow lateral epicondylitis, right wrist triangular fibrocartilage complex tear, and right wrist sprain/strain. The injured worker's medication regimen included Flexeril, Prilosec, and Ultram. The request for authorization for Flexeril 7.5 mg #90 for muscle spasms and Prilosec 20 mg #60 to protect the stomach was submitted on 01/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 7.5MG #90: Upheld

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

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

Decision rationale: The California MTUS Guidelines recommend cyclobenzaprine as an option, using a short course of therapy. Flexeril is more effective than placebo in the management of back pain. The effect is modest and comes with the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. According to the documentation provided for review, the injured worker has utilized Flexeril prior to 11/19/2013. The clinical documentation provided indicates the physician suggested Flexeril for the use of muscle spasms. There was a lack of documentation related to the injured worker's complaint of or objective clinical signs of muscle spasms. In addition, the guidelines recommend Flexeril 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. There was a lack of documentation related to the therapeutic and functional benefit in the ongoing use of Flexeril. In addition, the request as submitted failed to provide the frequency and directions for the use. Therefore, the request for Flexeril 7.5 mg #90 is non-certified.

PRILOSEC 20MG #60: 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.

Decision rationale: The California MTUS Guidelines state that injured workers utilizing NSAIDs with GI symptoms are recommended a nonselective NSAID with either a PPI (proton pump inhibitor) or a cox-2 selective agent. To determine if the patient is at risk for GI events documentation would include the injured worker is over 65 years of age, a history of peptic, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or anticoagulant or high-dose multiple NSAIDs. According to the clinical note dated 07/02/2013, the injured worker was utilizing Relafen, an NSAID, and presented with multiple gastrointestinal symptoms. The endoscopy on 08/28/2013 revealed ulcerative esophagitis, hiatal hernia, erosive gastritis, and internal hemorrhage. The clinical note dated 11/19/2013 indicates the injured worker no longer utilizes NSAIDs; the documentation lacks clinical findings related to gastrointestinal symptoms. In addition, the request as submitted failed to the frequency and directions for use. Therefore, the request for Prilosec 20 mg #60 is non-certified.

