

Case Number:	CM14-0028305		
Date Assigned:	06/13/2014	Date of Injury:	01/18/2012
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/05/2014

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 Surgery 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 injured worker is a 45-year-old female who was reportedly injured on January 18, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated May 21, 2014, indicated there were ongoing complaints of low back pain and left lower extremity pain. Current medications were stated to include Flexeril, lidocaine, Norco, Topamax, Zofran, omeprazole, naproxen, docusate sodium and Gabapentin. The physical examination demonstrated internal rotation of the femur. Previous treatment included a radiofrequency ablation with 50% pain relief and acupuncture. A request was made for Flexeril and omeprazole and was not certified in the pre-authorization process on February 13, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXERIL 5MG # 90 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41 of 127.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, the use of a muscle relaxant such as Flexeril is recommended as an option only for

short course of therapy. It is intended to treat episodic muscle spasms or episodic flares of pain. There is no mention in the recent medical record about the injured employee having the symptoms, and a prescription for 270 tablets does not indicate short-term episodic usage. For these reasons, this request for Flexeril is not medically necessary.

OMEPRAZOLE DR 20MG #60 WITH 3 REFILLS: 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 and cardiovascular risk, Page(s): 68 of 127.

Decision rationale: Omeprazole is a proton pump inhibitor intended to treat gastrointestinal symptoms secondary to anti-inflammatory medications. The injured employee is reported to be taking naproxen; however, there is no mention of any gastrointestinal events or risk factors. Therefore, this request for Omeprazole is not medically necessary.