

Case Number:	CM14-0037391		
Date Assigned:	06/25/2014	Date of Injury:	03/28/2008
Decision Date:	08/15/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/27/2014

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 and is licensed to practice in Nevada. 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 52-year-old female who was reportedly injured on 3/28/2008. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 1/16/2014, indicates that there were ongoing complaints of bilateral shoulder, hand and wrist pains. The physical examination demonstrated right shoulder with limited range of motion, with pain, positive Hawkins, positive drop arm test, load and shift test showed normal joint laxity. There was also positive tenderness in the glenohumeral joint. No recent diagnostic studies were available for review. Previous treatment included physical therapy, medications, and conservative treatment. A request was made for Prilosec 20mg, #60, Flexeril 7.5mg #60, and was not certified in the pre-authorization process on 2/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec-MYLAN 20mg #60 DR cap: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and Gastrointestinal Symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68 of 127.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There was no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured worker did not have a significant risk factor for potential GI complications as outlined by the Chronic Pain Medical Treatment Guidelines. Therefore, the use of this medication is not medically necessary.

Flexeril 7.5mg 1 tablets by mouth at bedtime #60 (2 month supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines :9792.20 - 9792.26 (Effective July 18, 2009): Muscle relaxants Page(s): 41, 64 OF 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines supports the use of skeletal muscle relaxants for the short-term treatment of pain but advises against long-term use. Given the injured workers' date of injury and clinical presentation, the guidelines do not support this request for chronic pain. As such, the request is not medically necessary.