

Case Number:	CM14-0038217		
Date Assigned:	06/25/2014	Date of Injury:	01/25/2010
Decision Date:	08/07/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Practice and is licensed to practice in New York. 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 48 year old woman with a date of injury of 1/25/10. She was seen by her provider on 2/26/14 with the following problems: anxiety state, psychalgia, depressive disorder and degeneration / displacement of lumbar intervertebral disc without myelopathy. She reported bilateral low back pain in the S1 distribution with left lower extremity weakness and numbness. She required minimal assist from others with all activities of daily living. Her medications included Celebrex, cyclobenzaprine, docusate, fluoxetine, Norco and omeprazole. Length of prior therapy is not documented. Her physical exam showed she was healthy appearing. Her neurologic exam was non-focal. She had antalgic gait favoring the left and using a cane. She had lumbar lordosis and tenderness to palpation over the paraspinal muscles and facet joints of the lumbar spine. Straight leg raises and Slump tests were negative bilaterally. At issue in this review are the prescriptions for omeprazole, Celebrex and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40mg, #30 x 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

Decision rationale: This worker has chronic back and lower extremity pain. Her medical course has included use of several medications including opioids and NSAIDs. Omeprazole is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

Celebrex 200mg, #30 x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66-73.

Decision rationale: This worker has chronic back and lower extremity pain. Her medical course has included use of several medications including opioids and NSAIDs. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. The medical records fail to document any improvement in pain or functional status to justify ongoing use. She is also receiving opioid analgesics and the naproxen is not medically necessary.

Cyclobenzaprine 10mg, #30 x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: This worker has chronic back and lower extremity pain. Her medical course has included use of several medications including opioids and NSAIDs. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MD visit of 2/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, there are no spasms noted on exam and the physician also indicates it is being used for insomnia, for which it is not medically indicated. Cyclobenzaprine is not supported in the records and is not medically necessary.