

Case Number:	CM14-0038295		
Date Assigned:	06/25/2014	Date of Injury:	05/23/2009
Decision Date:	08/21/2014	UR Denial Date:	03/13/2014
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 Anesthesiology, has a subspecialty in Pain Management 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 patient is a 59-year-old female who has submitted a claim for lumbar spine strain/sprain associated with an industrial injury date of May 23, 2009. Medical records from 2013 were reviewed, which only included two supplemental reports discussing the denial for urine drug screen and acupuncture. The records for review failed to include recent subjective and objective patient findings; thus, the current physical and functional status of the patient is not known. Treatment to date has included acupuncture. The two supplemental reports included in the records for review failed to specify the patient's current medication regimen. Utilization review from March 13, 2014 denied the request for Omeprazole 20mg because there was no mention of altered dose of the patient's concurrent NSAID medications and there was also no mention of need for dietary change resulting from gastrointestinal symptoms; and Flexeril 7.5mg but the rationale for determination was not included in the records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular Risk Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the records did not reflect the presence of any gastrointestinal risk factors. The present medication regimen and the physical and functional status of the patient are also unknown. There is no clear indication for Omeprazole. Therefore, the request for Omeprazole 20mg is not medically necessary.

Flexeril 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, the duration of Flexeril use is not known. Furthermore, the present medication regimen and the physical and functional status of the patient are also unknown due to lack of documentation. There is no clear indication for Flexeril at this time. Therefore, the request for Flexeril 7.5mg is not medically necessary.