

Case Number:	CM14-0048300		
Date Assigned:	07/02/2014	Date of Injury:	10/07/2008
Decision Date:	08/06/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/16/2014

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, has a subspecialty Interventional Spine 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 43 year old male with an injury date of 10/07/08. Based on the 02/24/14 progress report provided by [REDACTED] the patient complains of constant aching, low back pain with occasional stabbing sensations. He describes his left leg burning and having a shooting pain. He states that he feels tighter and more discomfort with functional activities. In the 01/27/14 report, he reports the medications are allowing him to be somewhat functional. He benefits the most from Norco with 2-3 hours of pain relief. He is also taking Flexeril, Gabapentin, Lidoderm patches, and Omeprazole for symptom relief. The patient's diagnoses include the following: Dysthymic Disorder Chronic Pain Syndrome, Numbness, Lumbar radiculitis, Lumbar degenerative disc disease. [REDACTED] is requesting Omeprazole 20 mg and Flexeril 7.5mg. The utilization review determination being challenged is dated 03/14/14. [REDACTED] is the requesting provider, and he provided treatment reports from 10/04/13- 02/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Capsules of Omeprazole 20mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Online Version, Integrated Treatment/Disability Duration Guidelines, Pain (Chronic), Proton pump inhibitors (PPIs).

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS: Chronic Pain Medical Treatment Guidelines, Nonsteroidal Anti-Inflammatory Drugs (NSAIDs), Gastrointestinal (GI) Symptoms & Cardiovascular Risk, pages 68-69.

Decision rationale: According to the 02/24/14 report by [REDACTED], the patient presents with constant aching low back pain and occasional stabbing sensations. The request is for 60 capsules of Omeprazole 20 mg 1 cap daily. The California MTUS supports the usage of Proton Pump Inhibitors (PPIs) for gastric side effects due to NSAID use. The ODG also states that PPIs are recommended for patients at risk for gastrointestinal events. The provider has not documented any gastrointestinal symptoms for this patient. Routine use of PPI for prophylaxis is not supported without GI assessment. Therefore, Omeprazole 20mg (60 Capsules) is not medically necessary.

60 Tablets of Flexeril 7.5mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS: Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril), pages 41-42.

Decision rationale: According to the 02/24/14 report by [REDACTED], the patient presents with constant aching low back pain and occasional stabbing sensations. The request is for 60 tablets of Flexeril 7.5 mg for spasms. The patient began taking Flexeril on 10/04/13. According to the MTUS guidelines, cyclobenzaprine's are not recommended to be used for longer than 2-3 weeks. Based on review of the reports, the patient appears to be prescribed this medication on a long-term basis. There is also no evidence or documentation that Flexeril has specifically done anything for the patient's pain or spasms. Therefore, Flexeril 7.5mg (60 tablets) is not medically necessary.