

Case Number:	CM14-0060388		
Date Assigned:	07/09/2014	Date of Injury:	03/13/1996
Decision Date:	08/25/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	05/01/2014

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 and Pain Medicine and is licensed to practice in Florida. 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 66-year-old female who reported an injury on 03/13/1996. The mechanism of injury was not specifically stated. The current diagnoses include rheumatism and post procedure state. The latest physician progress report submitted for this review is documented on 03/28/2014. The injured worker reported neck and shoulder pain and stiffness, knee and hip pain, and low back pain. Physical examination revealed no new joint swelling, normal neurologic examination, no rheumatoid arthritis deformities, and right Carpal Metacarpal tenderness. Treatment recommendations included continuation of the current medication regimen with the exception of Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg #120, DOS 02/14/14: 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: California MTUS Guidelines state muscle relaxants are recommended as a non-sedating second-line options for short term treatment of acute exacerbations.

Cyclobenzaprine should not be used for longer than 2 to 3 weeks. There was no physician progress report submitted on the requesting date of 02/14/2014. On a later date of 03/28/2014, it is noted that the injured worker was instructed to discontinue the prescription for Fexmid and was placed on Zanaflex. Therefore, the medical necessity for the requested medication has not been established. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Retrospective request for Omeprazole 20mg #60, DOS 02/14/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs).

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

Decision rationale: California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. There was no physician progress report submitted on the requesting dated of 02/14/2014. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. There is also no frequency listed in the current request. As such, the request is not medically necessary.