MAXIMUS Federal Services

Case Number:	CM14-0069104		
Date Assigned:	07/14/2014	Date of Injury:	12/17/2013
Decision Date:	09/16/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/14/2014

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 Occupational Medicine 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 40-year-old male who has submitted a claim for sciatica associated with an industrial injury date of December 17, 2013.Medical records from 2014 were reviewed, which showed that the patient complained of persistent lumbo-sacral pain with radiation to the right and left lower extremities. He did not have any ulcer or GERD on inquiry. On spine examination, patient was found to have normal lumbar spine range of motion and tender paralumbar area bilaterally without any spasm. The patient was able to touch his toes without evidence of nerve root tension. Straight leg raising test while sitting and lying is negative on the right and left side. An MRI done last February 22, 2014 showed spondylosis L3 through S1 and spinal stenosis at L4-5. Treatment to date has included medications, including naproxen, omeprazole and Flexeril (which was taken since April 1, 2014), and physical therapy. Utilization review from May 1, 2014 denied the request for Flexeril because the patient did not have any muscle spasm and he had been using this medication for quite a while despite the guideline recommendation of its use being for short term only. The request for omeprazole was denied because the patient did not have any documentation for any GI history and guidelines state that this medication should not be used prophylactically when using anti-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

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 a sedating muscle relaxant recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). It 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, several progress reports preceding the request for Flexeril stated that the patient did not have muscle spasms. Furthermore, the patient already was on Flexeril since April 1, 2014 without relief. Long-term use is likewise not recommended. Therefore, the request for Flexeril 7.5 mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Physicians Desk Reference.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDS, GI symptoms and cardiovascular risk, page(s) 68 Page(s): 68.

Decision rationale: According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors, such as omeprazole, are indicated in patients taking NSAIDS who are also at intermediate risk for gastrointestinal events and no cardiovascular disease. GI and cardiovascular risk factors include: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. In this case, the records provided do not document any GI complaint or evidence that the patient was at intermediate risk for gastrointestinal events. Therefore, the request for Omeprazole 20mg #60 is not medically necessary.