

Case Number:	CM14-0070890		
Date Assigned:	07/14/2014	Date of Injury:	08/02/2013
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/16/2014

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 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 injured worker is a 28-year-old male who has submitted a claim for right ankle traumatic injury status post repair associated with an industrial injury date of 08/02/2013. Medical records from 2013 to 2014 were reviewed. Patient complained of right ankle pain described as burning sensation. Patient likewise complained of nausea and dizziness. Physical examination revealed decreased range of motion of the right ankle with tenderness and well-healed scar. Swelling was likewise noted. Treatment to date has included right ankle open hardware removal of two screws on 04/30/2014, physical therapy, and medications such as omeprazole, naproxen, and cyclobenzaprine (since December 2013). Utilization review from 05/06/2014 denied the request for Omeprazole 20mg #60 due to lack of gastrointestinal complaints. The reason for the denial of Cyclobenzaprine 7.5mg #30 was not made available.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

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

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

Decision rationale: According to the MTUS guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, the patient has been on cyclobenzaprine since December 2013. However, symptomatic relief and functional improvement attributed to its use were not documented. Muscle spasm was not evident on the physical examination. Long-term use was likewise not recommended. Lastly, the date of service for consideration of this retrospective request was not specified. Therefore, the request for Cyclobenzaprine 7.5mg #30 is not medically necessary.

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms, and Cardiovascular Risk Page(s): 68.

Decision rationale: As stated on the MTUS guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors; age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, the patient has been on omeprazole since December 2013. He complained of nausea based on progress report from 02/03/2014. However, there was no evidence concerning symptomatic relief attributed to omeprazole intake. Moreover, the date of service for consideration of this retrospective request was not specified. The request is incomplete; therefore, the request for Omeprazole 20mg #60 is not medically necessary.