

Case Number:	CM14-0071790		
Date Assigned:	07/16/2014	Date of Injury:	05/08/2011
Decision Date:	10/17/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/19/2014

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 is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 45 year old female with complaints of neck pain, elbow and wrist pain, and mid/low back pain. The date of injury is 5/18/11 and the mechanism of injury is not elicited. At the time of request for the following: 1.Omeprazole 20mg 2.Flexeril 7.5mg 3.Relafen 750mg, there is subjective (pain of the neck,mid and low back, pain of the elbows and wrists) and objective (pain and spasm cervical spine, restricted range of motion cervical spine, positive straight leg raise bilaterally) findings, imaging findings (xrays Cervical spine shows grafting and screws at C5-6, MRI cervical spine 6/19/11 shows disc protrusions C5-6,C6-7 and cervical spondylosis, Lumbar films shows laminectomy L4-5,L5-S1 disc desiccation), diagnoses (s/p anterior cervical discectomy fusion 10/10/12, s/p lumbar laminectomy L4-5 1/28/13, s/p left carpal tunnel release and left elbow nerve decompression 5/24/13, cervical and lumbar discopathy, carpal tunnel syndrome), and treatment to date (surgeries as listed, medications, therapy). Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. Protonix, Nexium, and Dexilant are second line PPI's that should only be used if a failed trial of a first line treatment such as OTC Prilosec(omeprazole) has been documented. Muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. There is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain(chronic)>, Proton Pump Inhibitors(PPIs

Decision rationale: Per ODG Treatment Decisions, Proton Pump Inhibitors are recommended for patients at risk for gastrointestinal events. Protonix, Nexium, and Dexilant are second line PPI's that should only be used if a failed trial of a first line treatment such as OTC Prilosec(omeprazole) has been documented. As the medical record documentation does support the use of omeprazole, the request for omeprazole 20mg is medically necessary.

Flexeril 7.5 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63 64.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, muscle relaxants can be beneficial for acute muscle spasm and limited to 2 weeks of treatment. Muscle relaxants are not recommended for chronic use. Unfortunately, the documentation supplied does not support the requested treatment. Therefore, this drug is not medically necessary.

Ralafen 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 73.

Decision rationale: Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Unfortunately, there is no documentation of efficacy of pharmacologic therapy in the medical records provided nor is there any mention of failure of first line NSAID therapy ie motrin. Therefore, the request for Relafen 750mg is not medically necessary.