

Case Number:	CM14-0072226		
Date Assigned:	07/16/2014	Date of Injury:	12/14/2012
Decision Date:	08/14/2014	UR Denial Date:	04/29/2014
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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old female with a 12/14/12 date of injury. At the time (4/22/14) of request for authorization for Flexeril 10 mg tablets #30 with two (2) refills and Omeprazole 40 mg delayed release capsules #30 with two (2) refills, there is documentation of subjective (right shoulder, bilateral arms, and left elbow pain) and objective (tenderness over the right shoulder joint and right upper extremity muscle spasm) findings, current diagnoses (disorder of bursa of shoulder region, neck pain, fibromyositis, and chronic pain syndrome), and treatment to date (medications (including ongoing treatment with Flexeril, omeprazole, and NSAIDs) and physical therapy). Medical report identifies that medications (including Flexeril and Omeprazole) provide 50% pain relief and help in maintaining current functional level; and that there are no adverse effects from NSAID use. Regarding Flexeril, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain; Flexeril used as a second line option for short-term treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Regarding Omeprazole, there is no documentation of high dose/multiple NSAID, risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg tablets #30 with two (2) refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of disorder of bursa of shoulder region, neck pain, fibromyositis, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Flexeril. However, despite documentation of muscle spasms, and given documentation of a 12/4/12 date of injury, there is no (clear) documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, there is no documentation of Flexeril used as a second line option. Furthermore, given documentation of ongoing treatment with Flexeril and a request for Flexeril #30 with 2 refills, there is no documentation of intention to use Flexeril for short-term (less than two weeks) treatment. Lastly, despite documentation of Flexeril providing 50% pain relief and maintains current functional level, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10 mg tablets #30 with two (2) refills is not medically necessary.

Omeprazole 40 mg delayed release capsules #30 with two (2) refills: 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 NSAIDs, GI symptoms & cardiovascular risk, page(s) Page(s): 68-69.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age greater than 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical

necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of disorder of bursa of shoulder region, neck pain, fibromyositis, and chronic pain syndrome. In addition, there is documentation of ongoing treatment with Omeprazole. However, despite documentation of ongoing treatment with NSAIDs, there is no documentation of high dose/multiple NSAID. In addition, given documentation of no adverse effects from NSAID use, there is no documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 40 mg delayed release capsules #30 with two (2) refills is not medically necessary.