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| Case Number: | CM14-0079516 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 10/11/2012 |
| Decision Date: | 09/18/2014 | UR Denial Date: | 04/21/2014 |
| Priority: | Standard | Application Received: | 05/30/2014 |

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 Medicine and is licensed to practice in Texas. 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 50-year-old female who sustained an injury on 10/11/12 when she slipped and fell injuring her neck back shoulder and left knee. Prior treatment included chiropractic therapy and multiple medications. The injured worker reported no benefit from prior physical therapy. Temporary improvement was obtained with trigger point injections. As of 03/14/14, the injured worker was prescribed Omeprazole 40 milligrams delayed release (DR) capsules daily Meloxicam 15 milligrams daily Lidocaine 5 percent patches and Cyclobenzaprine 10 milligrams at bedtime. On physical examination, the injured worker had tenderness in the cervical spine and lumbar spine with limited range of motion. No specific side effects with medications were noted. The requested Omeprazole 40 milligrams quantity thirty with two refills and Cyclobenzaprine 10 milligrams quantity thirty with two refills were denied by utilization review on 04/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 40 mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular risks Page(s): 68-69.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors.

Decision rationale: In regards to the use of Omeprazole 40 milligrams quantity 30 with two refills, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The clinical records provided for review did not discuss any side effects from oral medication usage including gastritis or acid reflux. There was no other documentation provided to support a diagnosis of gastroesophageal reflux disease. Given the lack of any clinical indication for the use of a proton pump inhibitor, this request is not medically necessary.

Cyclobenzaprine 10 mg #30 mg with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-67.

Decision rationale: In regards to the use of Cyclobenzaprine 10 milligrams quantity thirty with two refills, this medication is not medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short-term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, the ongoing use of this medication is not medically necessary.