

Case Number:	CM14-0083258		
Date Assigned:	07/21/2014	Date of Injury:	08/06/2012
Decision Date:	08/26/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/04/2014

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 Neurology has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

A 4/17/14 progress note indicates complaint of headaches, dizziness, decreased memory and concentration and decreased sleep. Neurologic examination was reported as not changed. Imitrex was recommended. 4/16/14 PR2 notes pain in the head, neck, back, and right shoulder. The insured is taking ibuprofen which is helping. Physical examination noted normal gait and toe and heel walk. There is no swelling but there is tenderness of the paraspinal muscles. There was spasm of the cervical muscles. 4/30/14 PR-2 notes neck and shoulder pain. The insured was taking gabapentin, cyclobenzaprine, and sumatriptan. Ranitidine was recommended for abdomen pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ranitidine 150mg, QTY: 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms Page(s): 68-69.

Decision rationale: The medical records provided for review do not indicate any concurrent GI related condition of ulcers, history of ulcers, or demonstrate findings supportive of increase risk

of GI symptoms. MTUS does not support Ranitidine is indicated for routine combination use with NSAID use.

Flexeril 10mg, QTY: 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back pain, Cyclobenzaprine Page(s): 41.

Decision rationale: The medical records indicate chronic condition of muscle pain and reported spasm with ongoing use of flexeril greater than 3 weeks. MTUS guidelines only support short term treatment (less than 3 weeks) use of flexeril. The medical records report persistent pain without objective report of increased functionality or functional benefit in support of continued long term treatment with Flexeril.