

Case Number:	CM14-0084976		
Date Assigned:	07/23/2014	Date of Injury:	01/16/2006
Decision Date:	08/29/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 70-year-old male was reportedly injured on January 16, 2006. The mechanism of injury was noted as a slip and fall on diesel fuel. The most recent progress note, dated June 16, 2014, indicated that there were ongoing complaints of low back pain. There was reported to be no relief from the previous rhizotomy at L2-L3 and L3-L4. Current medications include Norco, Butrans patches, Cyclobenzaprine, and Prilosec. Motrin has been discontinued. The physical examination demonstrated tenderness along the lumbar paraspinal muscles with spasms. There were decreased lumbar spine range of motion and a normal lower extremity neurological examination. And MRI of the lumbar spine showed postoperative changes and a spondylolisthesis of L1-L2, L3-L4, L4-L5, and L5-S1. An x-ray of the lumbar spine showed degenerative disc disease at L2-L3 as well as the spondylolisthesis of L4 to through S1. There were also multilevel canal and foraminal narrowing. Previous treatment included lumbar spine surgery and a radiofrequency nerve ablation at L2-L3 and L3-L4. A request had been made for Flexeril and Omeprazole and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg Qty: 30.00: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009): Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Flexeril is a muscle relaxant. According to the California Chronic Pain Medical Treatment Guidelines, muscle relaxants are indicated as a second line option for the short-term treatment of acute exacerbations of chronic low back pain. According to the most recent progress note, the injured employee was noted to have spasms present on examination of the lumbar spine. For this reason, this request for Flexeril 10mg qty: 30.00 is medically necessary.

Omeprazole 20mg Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 68.

Decision rationale: Prilosec (Omeprazole) is a proton pump inhibitor useful for the treatment of gastroesophageal reflux disease (GERD) and is considered a gastric protectant for individuals utilizing non-steroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal disorder. Also, the injured employee does not have a significant risk factor for potential gastrointestinal complications as outlined by the MTUS and has stated the discontinued use of Ibuprofen/Motrin. Therefore, this request for Omeprazole 20mg qty: 60.00 is not medically necessary.