

Case Number:	CM14-0088264		
Date Assigned:	07/23/2014	Date of Injury:	09/13/2010
Decision Date:	10/01/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/12/2014

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 36 year old gentleman was reportedly injured on September 13, 2010. The mechanism of injury was listed as cumulative trauma. The most recent progress note, dated May 5, 2014, indicated that there were ongoing complaints of low back pain radiating to the bilateral lower extremities, depression, and anxiety. The physical examination demonstrated that the injured employee was uncomfortable and frustrated, decreased range of motion of the lumbar spine, and tenderness along the lumbar spine paraspinal muscles and spinous processes from L3 to L4. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included psychological counseling and oral medications. A request was made for omeprazole, Cyclobenzaprine, and Diclofenac extended release (XR) and was not certified in the preauthorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Omeprazole 20mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

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

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 nonsteroidal anti-inflammatory medications. There is no indication in the record provided of a gastrointestinal (GI) disorder. Additionally, the injured employee does not have a significant risk factor for potential GI complications as outlined by the Medical Treatment Utilization Schedule (MTUS). Therefore, this request for Omeprazole 20mg Qty 60 is not medically necessary.

Retro Cyclobenzaprine 7.5 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxer.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: Cyclobenzaprine 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 does not have any complaints of acute exacerbations nor are there any spasms present on physical examination. For these reasons, this request for Cyclobenzaprine 7.5 mg Qty 60 is not medically necessary.

Retro Diclofenac XR 100mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: Diclofenac is a nonselective nonsteroidal anti-inflammatory drug (NSAID) not recommended for first line use due to its increased risk profile. Evidence based studies are available evidencing that diclofenac poses equivalent risk of cardiovascular events to patients as did Vioxx (a Cox 2 inhibitor that was taken off the market due to these effects). For this reason, it is recommended that providers avoid diclofenac as a first line nonsteroidal anti-inflammatory medication. There is no indication in the record that the injured employee has failed a course of first line NSAID medications. In the absence of such documentation, this request for Diclofenac XR 100mg Qty 60 is not medically necessary.