

Case Number:	CM14-0104951		
Date Assigned:	07/30/2014	Date of Injury:	11/06/2012
Decision Date:	04/01/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old with an industrial injury date of 05/26/2011. The mechanism of injury is documented as being in an elevator, which "jerked" multiple times and did a "free fall" causing pain in the head to the left side. She noted her left leg locked up while she was descending stairs. She presented on 06/19/2014 with complaints of moderate neck pain radiating to the left arm rated as 7/10. Examination of the cervical spine noted tenderness to palpation about the paracervical and trapezial musculature. Cervical distraction test was positive and range of motion was restricted due to pain. There was also tenderness of the lumbar spine. Prior treatments include physical therapy, TENS unit, heat lamp and acupuncture. Diagnosis included cervical myoligamentous sprain/strain with radicular complaints and lumbar radiculopathy. The provider requested Omeprazole 20 mg # 60 and cyclobenzaprine 10 mg # 60 for muscle spasms. On 07/21/2014 utilization review issued a decision non-certifying the request for Omeprazole 20 mg # 60. MTUS was cited. The request for Cyclobenzaprine 10 MG # 60 was also non-certified. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatories (NSAIDS), Gastrointestinal symptoms & Cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is a 53 year-old female nearly 4 years status post work-related injury. She continues to be treated for chronic neck and low back pain. Tramadol, omeprazole, and cyclobenzaprine are being prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant is not taking an oral NSAID. Therefore, the continued prescribing of Prilosec was not medically necessary.

Cyclobenzaprine 10mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant is a 53 year-old female nearly 4 years status post work-related injury. She continues to be treated for chronic neck and low back pain. Tramadol, omeprazole, and cyclobenzaprine are being prescribed. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long-term use and was therefore not medically necessary.