

Case Number:	CM14-0125465		
Date Assigned:	08/11/2014	Date of Injury:	01/25/2009
Decision Date:	02/18/2015	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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: California, Texas, New Mexico
Certification(s)/Specialty: Anesthesiology

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 51-year-old female with a date of injury of 01/25/2009. The patient's diagnoses include cervical sprain, headaches, right carpal tunnel syndrome, lumbar sprain/strain, right knee bursitis, and trochanteric bursitis of the hip. The patient's medications include Relafen, Prilosec, Norco and Flexeril. There is documentation from 03/31/2014 in the DISCUSSION/TREATMENT PLAN that the patient will take Prilosec and Flexeril along with additional medications "For the new right knee and left elbow injury of 11/06/2013". There is documentation of heartburn and GI complaints on 06/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60 1 Tablet BID (Twice a Day): Upheld

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

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

Decision rationale: This is a review for the request of Prilosec also known as, Omeprazole 20 mg #60 BID. Omeprazole is a proton pump inhibitor used to treat patients with dyspepsia, peptic ulcer disease or patients taking Non-steroidal Anti-inflammatory Drugs (NSAIDs) who are also at intermediate to high risk for gastrointestinal events. According to the MTUS Guidelines, the first step is to determine if the patient is at risk for gastrointestinal events based on several criteria. There is no documented evidence of evaluation and determination of risk for gastrointestinal events. There is no a documented subjective complaint or objective evidence of acid reflux, dyspepsia or peptic ulcer disease. MTUS Guideline recommends Non-selective NSAIDs in patients without risk factors. Proton pump inhibitors, such as omeprazole, are only recommended for patients with intermediate to high risk for gastrointestinal events. Therefore, the above listed issue is considered to be not medically necessary.

Flexeril 5mg #30 1 Tablet TID (Three Times a Day): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril, Medications for chronic pain, Antispasmodics Page(s): 41-42, 48, 60-64.

Decision rationale: This is a review of Flexeril, also known as Cyclobenzaprine. Cyclobenzaprine is a muscle relaxant and a central nervous system depressant. According to MTUS Guidelines, it is recommended as a short course of therapy for the management of back pain. However, according to MTUS Guidelines starting prescription medication for chronic pain should occur after a determination is made regarding the reason for using a particular medication, potential benefits/adverse effects and patient preferences. As a central nervous system depressant the side effects of cyclobenzaprine include drowsiness and urinary retention and headaches. There is documented evidence of a prescription for cyclobenzaprine for several months. There is no documented evidence delineating the reason or reasons cyclobenzaprine is being prescribed nor any documentation of discussion of side effects or patient preferences. Therefore, the above listed issue is considered to be not medically necessary.