

Case Number:	CM14-0130704		
Date Assigned:	08/20/2014	Date of Injury:	04/06/2009
Decision Date:	03/25/2015	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/15/2014

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: Pennsylvania

Certification(s)/Specialty: Family Practice

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 39 year old female injured worker suffered and industrial injury on 4/6/2009. The diagnoses were cervicgia, brachial neuritis and cervical disc displacement. The diagnostic studies were electromyography/nerve conduction velocity 10/18/2011, magnetic resonance imaging of the cervical spine and x-rays. The treatments were physical therapy, chiropractic and medications. The injured worker had left shoulder and hand surgery 2009. Also the injured worker had a cervical fusion 6/24/2011 along with a lumbar fusion 6/15/2012. The treating provider reported weakness in the left lower extremity with pain in the lumbar spine. There is tenderness in the cervical spine muscle and shoulders The Utilization Review Determination on 7/18/2014 non-certified: 1. Cyclobenzaprine Hydrochloride tablets 7.5g #120, Date of Service (DOS): 5/7/12, modified to #60, citing MTUS. 2. Omeprazole Delayed-Release capsules 20mg #120 DOS: 5/7/12, citing MTUS. 3. Medrox Pain Relief Ointment 120 gm times 2, DOS 5/7/12 citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride tablets 7.5g #120, Date of Service (DOS): 5/7/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(.).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41 and 42.

Decision rationale: Cyclobenzaprine is an anti-spasmodic used to decrease muscle spasm although antispasmodics are often used to treat pain even in the absence of spasm. Cyclobenzaprine is not recommended for use longer than 2-3 weeks. The prescribed quantity in this case exceeds the total needed for recommended use.

Omeprazole Delayed-Release capsules 20mg #120 DOS: 5/7/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

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

Decision rationale: Proton pump inhibitors such as omeprazole are indicated for patients on NSAID's at intermediate risk for gastrointestinal events. These risks include age >65, history of peptic ulcer disease, GI bleeding or perforation, concurrent use of aspirin, corticosteroid, and/or an anticoagulant, or high dose/multiple NSAID. The medical records available to this reviewer did not indicate that this worker was on an NSAID but even if so the record did not indicate that this worker was at risk for gastrointestinal events. Neither was there any other indication for this medication such as GERD included in the medical record. Therefore, omeprazole cannot be considered to be medically necessary.

Medrox Pain Relief Ointment 120 gm times 2, DOS 5/7/12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Salicylate topicals Page(s): 105, 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105 and 111-113.

Decision rationale: Medrox is a topical analgesic which contains methyl salicylate, menthol and capsaicin. Methyl salicylate is discussed under topical salicylates in the MTUS and is recommended. Bengay is specifically referred to and recommended under topical salicylates and contains menthol as well. Capsaicin is recommended only as an option in patient's who have not responded or are intolerant to other treatments. There is no documentation in the medical record that this was true in this case. A compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore this compounded product is not medically necessary.