MAXIMUS Federal Services

Case Number:	CM14-0180227		
Date Assigned:	11/04/2014	Date of Injury:	06/29/2013
Decision Date:	01/14/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/30/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 47-year-old female who reported an injury on 06/29/2013. The mechanism of injury was not provided. She was diagnosed with chronic pain syndrome. Her past treatments were noted to include home exercise program, thoracic epidural injections and medication. On 11/03/2014, the injured worker reported thoracic/back pain rated 10/10 without pain medications and 6/10 with pain medications. It was noted that she has had episodes of upset stomach with medication use but was improved with the use of Omeprazole. Upon physical examination, she was noted to have tenderness to palpation over the mid thoracic paraspinals and increased pain with lumbar flexion, extension, and rotation. Her current medications were noted to include Norco 10/325 three times or 4 times a day as needed for pain, naproxen 550 mg every 12 hours as needed for inflammatory pain, cyclobenzaprine 7.5 mg every 12 hours as needed for muscle pain/spasm, and Omeprazole 20 mg every 12 hours to 24 hours as needed for GERD. The treatment plan included medications. The request was submitted for cyclobenzaprine 7.5 mg #60 and Omeprazole 20mg #60 which the treating physician indicated was for pain control and assist with GERD. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 64.

Decision rationale: The request for Cyclobenzaprine 7.5mg #60 is not medically necessary. The California MTUS Guidelines recommend it for a short course of therapy and as a skeletal muscle relaxant. The clinical documentation indicates that the patient has been on Flexeril since at least 05/2014, which exceeds the guideline recommendations of a short course of therapy. Additionally, there is no evidence of spasm on exam to support the use of medication. Furthermore, the request as submitted does not specify a frequency of use. In the absence of this documentation, the request is not supported. As such, the request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for Omeprazole 20mg #60 is not medically necessary. The California MTUS Guidelines indicate that a patient is at risk for gastrointestinal event if they are over the age of 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of acetylsalicylic acid, corticosteroids, and/or anticoagulants; or are on high dose/multiple non-steroidal anti-inflammatory drugs. A nonselective non-steroidal anti-inflammatory drug is recommended for patients with no risk factor and no cardiovascular disease. The injured worker has been taking the requested medication since at least 05/2014. The clinical documentation indicated that the patient gets an upset stomach and indicated that Omeprazole helps improve her upset stomach; however, there is no indication that the patient is on concurrent use of acetylsalicylic acid, corticosteroids, and/or an anticoagulant and high dose/multiple non-steroidal anti-inflammatory drugs. Additionally, there was no evidence of risk factor or cardiovascular disease, therefore a nonselective non-steroidal anti-inflammatory drug would be recommended. Furthermore, the request does not indicate the frequency for taking the medication. Therefore, the request is not supported by the guidelines. As such, the request for Omeprazole 20mg #60 is not medically necessary.