

Case Number:	CM14-0195739		
Date Assigned:	12/03/2014	Date of Injury:	09/19/1999
Decision Date:	01/23/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a 56-year-old male with a 9/19/99 date of injury. The injury occurred when he missed a step and fell approximately 10 to 12 feet from a tire rack. According to a progress report dated 10/14/14, the patient reported that he fell walking approximately one-week ago. He complained of persistent episodes of pain and stiffness about his neck region, with pain and numbness/tingling radiating from his neck and into his left upper extremity, down to his left hand. He rated his neck pain as a 7-8/10 and his back pain as a 5/10. Objective findings: tenderness noted over the lumbosacral spine and bilateral lumbar paraspinal musculature, where muscle spasms and trigger points were noted; limited range of motion of lumbar spine. Diagnostic impression: status post anterior cervical discectomy and fusion (5/2013), status post left shoulder rotator cuff repair (12/1/09), HNP of lumbar spine, right hip and left ankle sprain/strain. Treatment to date: medication management, activity modification, surgery, physical therapy, ESI. A UR decision dated 10/27/14 denied the requests for Flexeril and ranitidine. Regarding Flexeril, there was no documentation of functional improvement correlated to the Flexeril use. Regarding ranitidine, it is unclear what condition is being treated with this H2 blocker, and how it is related to the accepted industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg, sixty count with three refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. However, according to the records provided for review, this patient has been taking Flexeril, since at least 8/14/14, if not earlier. Guidelines do not support the long-term use of muscle relaxants. In addition, although the patient is noted to have had a recent fall, he has been taking Flexeril chronically and there is no indication that it has been prescribed for an acute condition. Therefore, the request for Flexeril 10 mg, sixty count with three refills was not medically necessary.

Ranitidine 300 mg, thirty count with three refills: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Ranitidine)

Decision rationale: California MTUS and Official Disability Guidelines (ODG) do not address this issue. The FDA states that Ranitidine is indicated in the treatment of active gastric or duodenal ulcers, or for endoscopically diagnosed erosive esophagitis. However, in the present case, there is no documentation in the records submitted for review that this patient is currently taking an NSAID requiring prophylaxis from gastric side-effects. In addition, there is no documentation of any gastrointestinal complaints. Therefore, the request for Ranitidine 300 mg, thirty count with three refills was not medically necessary.