

Case Number:	CM14-0199212		
Date Assigned:	12/10/2014	Date of Injury:	07/17/2007
Decision Date:	02/28/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/26/2014

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
Certification(s)/Specialty: Emergency Medicine

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 year old male continues to complain of radiating low back pain stemming from a work related injury reported on 7/17/2007. On 11/4/2014 Utilization Review modified, for medical necessity, the request for Omeprazole 20mg #60, Cyclobenzaprine 7.5mg #60, and Gabapentin 300mg #90. Gabapentin was found medically necessary and was certified. The rationale provided was that per the documentation provided, Omeprazole was found to not be indicated, and Cyclobenzaprine was found to be contraindicated to be used for longer than 2-3 weeks, as per MTUS guidelines for chronic pain treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain), ANTISPA.

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

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement or any muscle spasms on exam or complaint. The number of tablets is not consistent with short term use or plan for weaning. Flexeril is not medically necessary.

Omeprazole 20mg #60: Upheld

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

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

Decision rationale: Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. As per MTUS Chronic pain guidelines, it is recommended on patients on NSAIDs with dyspepsia or with high risk for GI bleed. Patient is not noted to be on an NSAID. There is no documentation of dyspepsia or increased risk of GI bleed. Prilosec/Omeprazole is not medically necessary.