

Case Number:	CM14-0204545		
Date Assigned:	12/16/2014	Date of Injury:	11/19/2013
Decision Date:	02/05/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/08/2014

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 Emergency Medicine 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:

The injured worker is a 49 year-old male, who sustained an injury on November 19, 2013. The mechanism of injury is not noted. Treatments have included: medications, physical therapy. The current diagnoses are: cervical strain/sprain, lumbar stain/sprain, right shoulder strain, right elbow strain, right hand sprain. The stated purpose of the request for Flexeril 7.5mg #120 was for muscle spasms. The request for Flexeril 7.5mg #120 was denied on November 5, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Norco 10/325mg #120 was for pain. The request for Norco 10/325mg #120 was denied on November 5, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Prilosec 20mg #60 was not noted. The request for Prilosec 20mg #60 was denied on November 5, 2014 citing a lack of documentation of GI distress symptoms. Per the report dated October 3, 3014, the treating physician noted complaints of pain to the low back, right shoulder, leg. Exam showed right shoulder and lumbar tenderness with spasms and restricted range of motion, positive right impingement test, positive Kemp's test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

Decision rationale: The requested Flexeril 7.5mg #120, is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, page(s) 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the low back, right shoulder, leg. The treating physician has documented right shoulder and lumbar tenderness with spasms and restricted range of motion, positive right impingement test, positive Kemp's test, This medication has been prescribed since at least April 2014. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5mg #120 is not medically necessary.

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-80,80-82.

Decision rationale: The requested Norco 10/325mg #120, is not medically necessary. California MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, page(s) 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain to the low back, right shoulder, leg. The treating physician has documented right shoulder and lumbar tenderness with spasms and restricted range of motion, positive right impingement test, positive Kemp's test, This medication has been prescribed since at least April 2014. The treating physician has not documented visual analog scale (VAS) pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #120 is not medically necessary.

Prilosec 20mg #60: Upheld

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

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

Decision rationale: The requested Prilosec 20mg #60, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors."The injured worker has pain to the low back, right shoulder, and leg. The treating physician has documented right shoulder and lumbar tenderness with spasms and restricted range of motion, positive right impingement test, positive Kemp's test, The treating physician has not documented medication-induced GI complaints nor GI risk factors The criteria noted above not having been met, Prilosec 20mg #60 is not medically necessary.