

Case Number:	CM14-0204553		
Date Assigned:	12/16/2014	Date of Injury:	03/16/2012
Decision Date:	02/05/2015	UR Denial Date:	11/20/2014
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 Family Practice and is licensed to practice in Ohio. 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 71-year-old female a date of injury of March 16, 2012. She tripped and fell over a table injuring the right shoulder, right hip and thigh, right knee and leg, neck, and the entire back. She complains of neck pain radiating to the trapezius musculature bilaterally, upper, mid, and low back with numbness in the legs, pain in the right wrist with numbness and tingling in the fingers, and pain to the right elbow and shoulder. The diagnoses include osteoarthritis and tendinitis of the right shoulder, cervical radiculopathy, lumbar degenerative disc disease, cervical degenerative disc disease, right lateral epicondylitis, neck sprain, lumbar sprain, thoracic sprain, and rheumatoid arthritis. She had brain surgery for a tumor May 21st 2012. She had left knee surgery December 16, 2013 and she is improving after completing physical therapy. The physical exam reveals diminished cervical and lumbar range of motion, diminished right shoulder range of motion, tenderness to palpation of the lumbar paraspinal musculature, tenderness of the gluteus muscles, SI joints, and piriformis muscles, tenderness of the joint lines of the left knee with a left knee effusion, and tenderness of the patellar tendons of left knee. Medications include cyclobenzaprine, hydrocodone, omeprazole, and topical analgesics. At issue is a request for cyclobenzaprine 5 mg, #90, and omeprazole 20 mg, #30. The utilization review physician did not certify the cyclobenzaprine on the basis that the injured worker was not having acute flare at the time of the request. The omeprazole was not certified on the basis that the injured worker appeared to possess no gastrointestinal risk factors.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

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

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant that is marketed as Flexeril by [REDACTED]. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief and limited to 2-3 weeks. In this instance, it appears that the injured worker has been prescribed cyclobenzaprine nearly continuously since April 30, 2014. The most recent record reviewed dates from September 10, 2014 at which time he did not appear that the injured worker was having acute exacerbation of chronic condition. Consequently, Cyclobenzaprine 5mg #90 was not medically necessary.

Omeprazole: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Those patients prescribed NSAIDs for chronic pain should have an assessment for risk factors for gastrointestinal events such as gastric ulceration. Risk factors for gastric ulceration include (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). Those with one or more risk factors may be prescribed a proton pump inhibitor such as omeprazole to lessen the chances of a gastrointestinal event as a consequence of NSAID therapy. In this instance, injured worker is taking the NSAID naproxen and her age exceeds 65. Therefore, omeprazole 20 mg, #30, was medically necessary.