

Case Number:	CM14-0210494		
Date Assigned:	12/23/2014	Date of Injury:	05/10/2009
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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 and Rehabilitation 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 59 year-old [REDACTED] sustained an injury on 5/10/09 while employed by [REDACTED]. Request(s) under consideration include Prilosec 20mg QTY #120 and Flexeril 10mg QTY #120. Diagnoses include lumbosacral radiculitis/stenosis. Conservative care has included medications, therapy, chiropractic treatment, lumbar epidural steroid injections, and modified activities/rest. Medications list Flexeril, Prilosec, and Ultracet. Hand-written report of 11/3/14 from the provider noted the patient with persistent chronic low back pain and bilateral lower extremity radiculopathy. It was noted the lumbar epidural was scheduled for 11/19/14. Exam showed unchanged findings of TTP and spasm of paravertebral muscles; decreased range with positive tenderness at sciatic notch and SLR. Treatment plan included continuing medications. The request(s) for Prilosec 20mg QTY #120 and Flexeril 10mg QTY #120 were non-certified on 11/19/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY #120: Upheld

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

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

resulting from its previous treatment to support further use as the patient remains unchanged.
The Flexeril 10mg QTY #120 is not medically necessary and appropriate.