MAXIMUS Federal Services

Case Number:	CM14-0099641		
Date Assigned:	07/28/2014	Date of Injury:	03/14/2013
Decision Date:	01/02/2015	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/27/2014

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:

Patient with reported date of injury on 3/14/2013. No mechanism of injury was provided for review. Physical therapy has a diagnosis of right knee meniscus tear, cervical intervertebral disc degeneration, right shoulder pain, psycalgia, bilateral carpal tunnel syndrome and depression.Patient is post arthroscopic surgery of the right knee on 2/13/14. Medical reports reviewed. Last report available until 5/20/14. Patient complains of low back pain. Pain is 8/10. Patient also complains of right shoulder and bilateral wrist pains. Objective exam reveals normal neck exam. Antalgic gait. Tenderness to lumbar spine mostly over paraspinal region with trigger points. Spasms noted. Range of motion was normal except for extension. Straight leg raise is negative. Patrick and Stump exam is negative. Neurological exam was normal. No imaging or electrodiagnostic reports were provided for review. Medications include Norco, Flexeril and Meloxicam. Physical therapy was directed to perform home exercises and has undergone physical therapy. Independent Medical Review is for Flexeril 10mg #30 with 2refills, Hydrocodone/Acetaminophen 10/325mg #60 with 2refills, Omeprazole 20mg DR #30 refill 2, Prior UR on 6/5/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30 refill:2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 appears to be on this medications chronically for at least 1year. The number of tablets prescribed does not support intermittent use but likely chronic use which is not recommended as per MTUS Chronic pain guidelines. Flexeril is not medically necessary.

Hydrocodone 10mg-acetaminophen 325mg #60 refill:2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails to meets the appropriate documentation of criteria. There is documented no objective improvement in pain or activity of daily living. The number of tablets requested is also not appropriate for close monitoring requiring. Of note, Norco has been classified by DEA Drug Diversion program as Schedule II, meaning that refills are not appropriate. Norco is not medically necessary.

Omeprazole 20mg capsule DR refill:2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Omeprazole is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is on Meloxicam. There is no documentation of dyspepsia or increased risk of GI bleed. Omeprazole is not medically necessary.