

Case Number:	CM15-0003429		
Date Assigned:	01/16/2015	Date of Injury:	09/27/2013
Decision Date:	03/17/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/07/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42 year old female with an industrial injury dated 9/27/2013. The diagnoses included headache, cervical sprain/strain, thoracic sprain/strain, rib cage strain/sprain, lumbar disc with myelopathy, lumbar radiculopathy and insomnia. The treatments included medications. The treating provider's progress note described pain in the neck and head, low back pain radiating to the ribs. There was tenderness and spasms over the cervical thoracic and lumbar spine. The UR determination denied request on 12/08/2014 for retrospective Cyclobenzaprine 7.5mg, Omeprazole 20mg and urine drug test citing MTUS chronic Pain Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Cyclobenzaprine 7.5mg #60 (DOS: 11/10/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

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

Decision rationale: The patient presents with headache, cervical sprain/strain, thoracic sprain/strain, rib cage strain/sprain, lumbar disc with myelopathy, lumbar radiculopathy and insomnia. Low back pain rating at 6/10 without medications as well as mid back pain radiating to the ribs rating at 7/10 without medication. Neck pain and headaches rating at 6/10 and reports difficult sleeping. The current request is for Retrospective Cyclobenzaprine 7.5mg #60 (DOS: 11/10/14). The treating physician states medications dispensed including cyclobenzaprine 7.5mg and omeprazole 20mg. Cyclobenzaprine is a muscle relaxant. It works by blocking nerve impulses (or pain sensations) that are sent to your brain. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. In this case, the clinical history provided does not establish how long the patient has used the medication. Review of the limited history available infers that this medication is being used for chronic pain, which is contrary to MTUS guidelines. Therefore, recommendation is for denial.

Retrospective Omeprazole 20mg #60 (DOS: 11/10/14): Upheld

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 & cardiovascular risk Page(s): 68-69.

Decision rationale: The patient presents with headache, cervical sprain/strain, thoracic sprain/strain, rib cage strain/sprain, lumbar disc with myelopathy, lumbar radiculopathy and insomnia. Low back pain rating at 6/10 without medications as well as mid back pain radiating to the ribs rating at 7/10 without medication. Neck pain and headaches rating at 6/10 and reports difficult sleeping. The current request is for Retrospective Omeprazole 20mg #60. The treating physician states medications dispensed including cyclobenzaprine 7.5mg and omeprazole 20mg. Omeprazole (Prilosec, Zegerid) belongs to group of drugs called proton pump inhibitors. It decreases the amount of acid produced in the stomach. The MTUS Guidelines state omeprazole is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDS against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. MTUS also states, "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the records provided do not document how long the patient has been using this medication nor is there any documentation of GI complaints, multiple high dosage NSAIDS, dyspepsia secondary to NSAID therapy nor a documented GI assessment as required by MTUS. Therefore, recommendation is for denial.

Retrospective Urine Drug Test (DOS: 11/10/14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 43, 76-80, 94-95.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation ODG, Urine drug testing (UDT)

Decision rationale: The patient presents with headache, cervical sprain/strain, thoracic sprain/strain, rib cage strain/sprain, lumbar disc with myelopathy, lumbar radiculopathy and insomnia. Low back pain rating at 6/10 without medications as well as mid back pain radiating to the ribs rating at 7/10 without medication. Neck pain and headaches rating at 6/10 and reports difficult sleeping. The current request is for Retrospective Urine Drug Test (DOS: 11/10/14). The treating physician states on 11/10/14 (51b) that "urine drug testing is being performed today with the patient's consent for the purpose of monitoring, documenting and ensuring patient compliance with the use of schedule III and schedule II prescription medications that can be habit forming, abused and/or diverted." ODG states that the "frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument." In this case, the treating physician has not documented the patients risk stratification, which would indicate the patients risk level is low and 1 urine drug screen per year would be appropriate. There is no documentation of prior UDS in the records provided. The current request is medically necessary and the recommendation is for authorization.