

Case Number:	CM15-0005232		
Date Assigned:	02/03/2015	Date of Injury:	01/10/1982
Decision Date:	03/20/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/09/2015

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: New Jersey
 Certification(s)/Specialty: Family Practice

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 56-year-old male with an industrial injury dated 01/10/1982. He presented on 10/06/2014 with constant pain in low back with radiation of pain into the lower extremities. He rated the pain as 8/10. He also complained of pain in right hip, bilateral knees, bilateral feet, and ankles. Physical exam revealed tenderness in the lumbar spine with guarded and restricted range of motion. There was tenderness in the right hip and bilateral knees and pain and tenderness in the plantar aspect of the heels, extending to the metatarsal pads and consistent with plantar fasciitis. Prior treatments (but not limited to) include ENT for hearing loss, medications and surgery. Diagnoses was status post left tarsal tunnel release, clinical bilateral tarsal tunnel syndrome, lumbar discopathy, internal derangement of right hip, internal derangement right knee and bilateral plantar fasciitis. On 12/13/2014 the request for Omeprazole 20 mg # 120 was non-certified by utilization review. MTUS was cited. Cyclobenzaprine 7.5 mg # 120 was also non-certified. MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors: NSAIDs, GI symptoms and cardiovascular r.

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

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. In the case of this worker, there was insufficient evidence found in the documents to show any increased risk for gastrointestinal events to warrant chronic use of omeprazole, therefore, the omeprazole will be considered medically unnecessary given its potential long-term risks.

Cyclobenzaprine 7.5mg #120: 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 Muscle relaxants Page(s): 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, they had been using muscle relaxants for longer than the recommended short duration (2-3 weeks or so) for low back muscle spasms. Also, the request for 120 pills indicates that the intention was to treat the worker with cyclobenzaprine on a chronic basis, which is not recommended. Therefore, the cyclobenzaprine will be considered medically unnecessary.