

Case Number:	CM15-0005402		
Date Assigned:	01/16/2015	Date of Injury:	05/09/2013
Decision Date:	03/24/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/10/2015

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, New York, Florida
 Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 52-year-old male who reported an injury on 05/09/2013. The mechanism of injury was due to a fall. His diagnoses include cervical disc spur, cervicgia, lumbar herniated nucleus pulposus at the L4-5, disc desiccation and facet arthropathy, reactive sleep disturbance, and chronic pain syndrome. His past treatments included medication, home exercise program, and a multidisciplinary pain treatment program. On 01/12/2015, the injured worker complained of low back pain rated 8/10 that radiated to the left lower extremity. The physical examination revealed restricted range of motion of the lumbar and cervical spine with tenderness and positive lumbar facet loading. His current medications include Norco 10/325 mg, cyclobenzaprine 7.5 mg, fenoprofen 400 mg, and omeprazole 20 mg. The treatment plan included cyclobenzaprine 7.5 mg and omeprazole 20 mg. A rationale was not provided. A Request for Authorization Form was submitted on 01/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #60 (Prescribed 12/4/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The request for cyclobenzaprine 7.5mg, #60 (prescribed 12/4/14) is not medically necessary. According to the California MTUS Guidelines, they recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Furthermore, the guidelines indicate that the medication shows efficacy diminishes over time and prolonged use of the medication may lead to dependence. The injured worker was indicated to have been on cyclobenzaprine for an unspecified duration of time. However, there was lack of documentation the medication would be used for short term. Furthermore, there was lack of documentation to indicating the injured worker had an acute exacerbation with his chronic low back pain. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.

Omeprazole DR 20mg, #30 (prescribed 12/4/14): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-68.

Decision rationale: The request for omeprazole DR 20mg, #30 (prescribed 12/4/14) is not medically necessary. According to the California MTUS Guidelines, patients on proton pump inhibitors should be assessed for indications of GI and cardiovascular risk factors to include being over the age of 65, history of peptic ulcer, GI bleeding or perforations; concurrent use of ASA, corticosteroids, and/or anticoagulants; or high dose/multiple NSAIDs. Furthermore, the guidelines indicate proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The injured worker was indicated to have been on omeprazole for an unspecified duration of time. However, there was a lack of documentation to indicate the patient had gone through a thorough GI and cardiovascular assessment. There is also a lack of documentation to indicate the patient had dyspepsia secondary to NSAID therapy to require proton pump inhibitor treatment. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.