

Case Number:	CM15-0107535		
Date Assigned:	06/12/2015	Date of Injury:	01/31/2003
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/04/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 (IW) is a 47 year old female who sustained an industrial injury on 01/31/2003. She reported multiple injuries to the neck, upper back, right shoulder, and right elbow. The carrier has objected to the claim for lower back area. The injured worker was diagnosed as having discogenic cervical condition, right shoulder impingement syndrome, headaches, chronic pain, epicondylitis, and depression. Treatment to date has included two surgical interventions for the right shoulder, diagnostic MRA of the shoulder, and steroid injections. Medications include Tylenol #4, Tramadol, Gabapentin, Flexeril and Protonix. The IW feels she gets greater than 50% relief of her pain with these medications. Currently, the injured worker complains of persistent neck pain and pain in the right shoulder. The worker also complains of intermittent numbness and tingling from the neck. The IW has tenderness along the cervical paraspinal muscles, trapezius and shoulder girdle; pain along the facets, and pain with facet loading. On the right shoulder, abduction is 120 degrees, and she has pain along the rotator cuff and biceps tendon. The treatment plan includes refills of the medications she is currently taking, and urine toxicology screens to monitor compliance with narcotic use. The worker should avoid overhead reaching and forceful pushing, pulling and lifting. Cervical traction with an air bladder and a tens conductive garment for the shoulder is also ordered. A request for authorization for Flexeril 10 mg Qty 60, Prilosec 20 mg Qty 60 and Tramadol ER (extended release) 150 mg Qty 30 (retro dispensed 5/6/15) is made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10 mg Qty 60: 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 Page(s): 63-66 of 127.

Decision rationale: Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine (Flexeril) is not medically necessary.

Prilosec 20 mg Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Omeprazole (Prilosec) is not medically necessary.