

Case Number:	CM15-0134406		
Date Assigned:	07/22/2015	Date of Injury:	10/30/2014
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/13/2015

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: Massachusetts

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

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 female who reported industrial injuries on 10/30/2014 resulting in neck and upper and lower radiating back pain; right shoulder pain; left knee pain and weakness; right hand numbness and weakness; and, problems with sleep. She is diagnosed with sprain of unspecified site of knee, leg, shoulder, and upper arm; lumbar sprain; and, neck sprain. Documented treatment has included physical therapy, chiropractic manipulation, rest, and medication. Medication is noted to provide relief with pain, but outcomes of other treatments are not available in documentation. The injured worker continues to report constant pain in her neck, upper and lower back, right shoulder, and left knee, with radiation into her right foot including numbness and tingling. The treating physician's plan of care includes Cyclobenzaprine 7.5 mg, and Omeprazole 20mg. Work status is not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant has a history of a cumulative trauma work injury with date of injury in October 2014. She continues to be treated for chronic pain. When seen, she was having neck pain, low back pain, right shoulder, and left knee pain. Physical examination findings included decreased spinal range of motion with tenderness and muscle spasms. There was decreased shoulder range of motion and knee range of motion with tenderness. McMurray's testing was positive. Topical compounded cream was started. Medications were refilled. Naprosyn, omeprazole, and cyclobenzaprine were prescribed. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long term use and was not medically necessary.

Omeprazole 20mg #60: 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, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant has a history of a cumulative trauma work injury with date of injury in October 2014. She continues to be treated for chronic pain. When seen, she was having neck pain, low back pain, right shoulder, and left knee pain. Physical examination findings included decreased spinal range of motion with tenderness and muscle spasms. There was decreased shoulder range of motion and knee range of motion with tenderness. McMurray's testing was positive. Topical compounded cream was started. Medications were refilled. Naprosyn, omeprazole, and cyclobenzaprine were prescribed. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as omeprazole was not medically necessary.