

Case Number:	CM15-0163756		
Date Assigned:	09/01/2015	Date of Injury:	01/09/2014
Decision Date:	10/19/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/20/2015

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

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 31 year old, female who sustained a work related injury on 1-9-14. The diagnoses have included right shoulder rotator cuff tendinopathy, L5-S1 herniated nucleus pulposus and lumbar strain-sprain. Treatments have included 24+ physical therapy sessions, 9 acupuncture treatments, oral medications, and home exercises. In the PR-2 dated 7-7-15, the injured worker reports right shoulder pain. She rates this pain an 8 out of 10. She reports lumbar spine pain with right leg radicular pain with burning, numbness and tingling. She rates this pain an 8-9 out of 10. She states medications are helpful. She is having a side effect of sedation. On physical exam, she has tenderness in lumbosacral area. She has spasm on right side of lumbar spine. She has a positive right leg straight leg raise. Lumbar range of motion is flexion to 30 degrees and extension, right and left lateral rotation are all 10 degrees. All range of motion directional movements cause pain. Motor strength is 5 out 5 in both legs. She has tenderness over right shoulder acromioclavicular joint, bicep tendon groove and superior deltoid areas. She has a positive Hawkins test in right shoulder. Right shoulder flexion is at 140 degrees and extension is to 25 degrees. Right shoulder motor strength is 5- out of 5. She is working modified duties. The treatment plan includes refills of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5 MG Qty 60 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The current request is for Flexeril 5 MG Qty 60 with 1 Refill. Treatments have included 24+ physical therapy sessions, 9 acupuncture treatments, TENS, oral medications, physical therapy and home exercises. The patient is working modified duty. MTUS Chronic Pain Medical Treatment Guidelines 2009 pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Per report 07/07/15, the patient presents with lumbar spine pain with right leg radicular pain with burning, numbness and tingling. He also reported spasms in the lower back. The patient also report right shoulder pain with decrease ROM and positive Hawkin's test. The patient's medications include Ibuprofen, and Flexeril. While Cyclobenzaprine may benefit the patient, MTUS does not support long-term use of this medication beyond a 2 to 3 week period. The current request for an additional 60 tablets does not imply short-term use. Hence, the request is not medically necessary.

Prilosec 20 MG Qty 30 with 1 Refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The current request is for Prilosec 20 MG Qty 30 with 1 Refill. Treatments have included 24+ physical therapy sessions, 9 acupuncture treatments, TENS, oral medications, physical therapy and home exercises. The patient is working modified duty. MTUS, NSAIDs, GI symptoms & cardiovascular risk Section, pg 69 states , "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per report 07/07/15, the patient presents with lumbar spine pain with right leg radicular pain with burning, numbness and tingling. He also reported spasms in the lower back. The patient also report right shoulder pain with decrease ROM and positive

Hawkin's test. The patient's medications include Ibuprofen, and Flexeril. The treater has listed GI symptoms under the "contributing factors, symptoms or diagnosis" section. This patient has a long history of NSAID use and the patient complains of GI symptoms. The requested Prilosec has been prescribed in accordance with MTUS. Therefore, the request is medically necessary.