

Case Number:	CM15-0166164		
Date Assigned:	09/03/2015	Date of Injury:	08/25/2011
Decision Date:	10/06/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/24/2015

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: Emergency 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:

This injured worker is a 62 year old female who reported an industrial injury on 8-25-2011. Her diagnoses, and or impression, were noted to include: lumbar herniated nucleus pulposus with stenosis; and lumbar degenerative disc disease with lumbar radiculopathy. Recent magnetic imaging studies of the lumbar spine were noted on 4-8-2015, revealing abnormal findings. Her treatments were noted to include: diagnostic x-rays; a home exercise program; trans-cutaneous electrical stimulation unit therapy; aquatic therapy; chiropractic treatments; medication management with toxicology screenings; and rest from work. The progress notes of 7-16-2015 reported severe pain in her low back pain which radiated down the right, > left leg; and bilateral knee, bilateral ankles, and bilateral wrist pain. Objective findings were noted to include: positive right straight leg raise and Bowstring sign; hypertonicity to the right lumbar para-spinals, and mild decreased lumbar extension and right side-bending. The physician's requests for treatments were noted to include the continuation of Codeine with Tylenol, Cyclobenzaprine, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg/ tab #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. The number of tablets is not consistent with short-term use. Cyclobenzaprine is not medically necessary.

Omeprazole 20mg/ cap #60: 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): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Prilosec is a proton-pump inhibitor used for dyspepsia from NSAID use or gastritis/peptic ulcer disease. As per MTUS guidelines, PPIs may be used in patients with high risk for gastric bleeds or problems or signs of dyspepsia. The documentation concerning the patient does not meet any high risk criteria to warrant PPIs and there is no documentation provided to support NSAID related dyspepsia. Patient is not noted to be on an NSAID that can cause GI issues. It is unclear what "GI problems" the provider thinks is being treated. Prilosec is not medically necessary.

Codeine w/ APAP 30/30mg/ tab #90: 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): Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: Codeine is an opioids. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no objective improvement in pain or function documented, in fact there is documentation of worsening pain. There is noted nausea and constipation from this medication. Codeine with APAP is not medically necessary.