MAXIMUS Federal Services

Case Number:	CM15-0189581		
Date Assigned:	10/28/2015	Date of Injury:	12/03/2014
Decision Date:	12/09/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/25/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 64 year old female who sustained an industrial injury on 12-3-14. A review of the medical records indicates that the worker is undergoing treatment for lumbar sprain, lumbar disc protrusion, cervical sprain-strain, cervical disc protrusion, right knee sprain-strain, rule out right knee internal derangement, status post surgery right knee, left knee sprain-strain, left knee internal derangement, right shoulder sprain-strain, right shoulder internal derangement, left shoulder sprain-strain, left shoulder internal derangement, right wrist sprain-strain, rule out right wrist internal derangement, left wrist sprain-strain, rule out left wrist internal derangement, headache, altered gait, other insomnia, anxiety, and depression. Subjective complaints (8-25-15) include frequent headaches, neck pain, tingling and weakness of hands, constant low back pain radiating to the feet with tingling and weakness, right and left shoulder pain, wrist and knee pain. Objective findings (8-25-15) include tenderness to palpation of bilateral trapezii, and cervical and lumbar tenderness to palpation, muscle spasm of cervical and lumbar paravertebral muscles, cervical compression causes pain, straight leg raise causes pain, shoulder tenderness to palpation and muscle spasm of the (right) anterior shoulder, right and left wrist tenderness to palpation and Tinel's causes tingling, right and left knee tenderness to palpation and muscle spasm of anterior(right) knee and positive McMurray's right and left knees. Work status was noted as remain off work until 10-13-15. Previous treatment includes Naproxen, Omeprazole (since at least 7-27-15) Cyclobenzaprine (since at least 7-27-15) and topical creams. On 9-14-15, the requested treatment of Omeprazole 20mg #60 and Cyclobenzaprine 7.5mg #60 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors (PPIs).

Decision rationale: The MTUS Guidelines state that to warrant using a proton pump inhibitor (PPI) in conjunction with an NSAID, the patient would need to display intermediate or high risk for developing a gastrointestinal event such as those older than 65 years old, those with a history of peptic ulcer, GI bleeding, or perforation, or those taking concurrently aspirin, corticosteroids, and/or an anticoagulant, or those taking a high dose or multiple NSAIDs. The ODG states that decisions to use PPIs long-term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia, and cancer. H2-blockers, on the other hand have not been associated with these side effects in general. In the case of this worker, there was record of a history of no gastrointestinal problems nor any clearly stated factors which would increase her risk of gastrointestinal events. Her use of NSAIDs is also relatively contraindicated due to her history of high blood pressure and if she was not taking the NSAID, omeprazole would be even more inappropriate to use chronically, which is not benign as stated above. Therefore, according to the evidence found in the notes made available for review, the omeprazole will be considered medically unnecessary. Weaning may be indicated.

Cyclobenzaprine 7.5 mg #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): Muscle relaxants (for pain).

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, she had complained of right knee pain and low back pain since her injury, for which cyclobenzaprine was prescribed, which was used chronically leading up to this request for renewal. However, there was insufficient reporting found in the notes to show clear functional gain and pain level reduction to warrant this request. Regardless, chronic use of this drug class is not recommended. Therefore, the cyclobenzaprine will be considered medically unnecessary.