

Case Number:	CM15-0193107		
Date Assigned:	10/07/2015	Date of Injury:	12/16/2011
Decision Date:	11/13/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/01/2015

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 York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 is a 65 year old male, who sustained an industrial injury on 12-16-2011. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain, lumbar spondylosis with severe neuroforaminal narrowing, worse on a recent MRI at L5-S1, and left lower extremity radiculitis and radiculopathy. On 6-16-2015, the injured worker reported his pain was slightly worse with pain in the left heel and calf, rating his pain as 9-10 out of 10. The Primary Treating Physician's report dated 6-16-2015, noted the injured worker's medications helped relieve at least 50% of his symptoms. The injured worker's current medications were noted to include Ultracet, Norco, Flexeril, Neurontin, and Celebrex, all noted to have been prescribed since at least 4-14-2015. The Physician noted providing the injured worker with Omeprazole to prevent GI upset with the medications as it had been helpful to him with denial of gastrointestinal (GI) upset. The physical examination was noted to show the injured worker essentially unchanged, with significant guarding, and positive straight leg raise on the left. Prior treatments have included lumbar epidural steroid injections (ESIs). The treatment plan was noted to include continued home exercise program (HEP), continued medications, and random urine drug screen (UDS) to monitor compliance. The request for authorization dated 9-11-2015, requested retrospective Omeprazole 20mg # (DOS 6/16/15) and retrospective Flexeril 7.5mg #60. The Utilization Review (UR) dated 9-23-2015, did not approve the requests for retrospective Omeprazole 20mg # (DOS 6/16/15) and retrospective Flexeril 7.5mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Omeprazole 20mg # (DOS 6/16/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Omeprazole (Prilosec) is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the guidelines, this would include those with: 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). This worker is 65 years old but does not meet the remaining criteria and is not at high risk of gastrointestinal events to justify medical necessity of omeprazole. Therefore, the request is not medically necessary.

Retrospective Flexeril 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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

Decision rationale: Per the guidelines, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to the muscle relaxant to justify use. The medical necessity of cyclobenzaprine (flexeril) is not substantiated in the records. Therefore, the request is not medically necessary.