

Case Number:	CM15-0198253		
Date Assigned:	10/13/2015	Date of Injury:	02/18/2014
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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: Texas, California

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 40 year old male, who sustained an industrial injury on 2-18-2014. The injured worker was being treated for thoracic spine sprain and strain, lumbar sprain and strain, and bilateral shoulder sprain and strain. Medical records (4-1-2015 to 7-28-2015) indicate the injured worker reported ongoing mid back and low back pain that was constant and achy. On 7-28-2015, the injured worker reported also reported bilateral shoulder pain that was constant and achy. The physical exam (6-8-2015 to 7-28-2015) revealed normal thoracic spine range of motion and decreased lumbar spine range of motion that was unchanged. The physical exam (7-28-2015) also revealed decreased range of motion of the bilateral shoulders. On 4-8-2015, an MRI of the right shoulder revealed moderate supraspinatus and infraspinatus tendinosis and a small partial tear of the supraspinatus tendon. There was mild biceps and subcapularis tendinosis. There was a superior labral tear from anterior to posterior. On 5-13-2015, an MRI of the cervical spine revealed straightening of the normal lordotic curvature usually due to muscular spasm, a central posterior disc protrusion at C5-6 (cervical 5-6) indenting the anterior aspect of the thecal sac, and mild left neural foraminal narrowing at C5-6. On 5-13-2015, an MRI of the thoracic spine revealed straightening of the normal thoracic kyphotic curvature. There was disc desiccation at C2-3 (cervical 2-3) through C5-6 (cervical 5-6). There were posterior disc herniations at C4-5 and C5-6 causing mild cervical spinal stenosis. On 5-13-2015, an MRI of the lumbar spine revealed disc desiccation at L1-2 (lumbar 1-2) through L5-S1 (lumbar 5-sacral 1). There was straightening of the lumbar lordotic curvature, which may represent myospasm. There was a broad-based disc herniations at L4-5 (lumbar 4-5) and L5-S1. On 5-18-2015, electromyography and nerve conduction velocity studies of the bilateral lower extremities revealed no abnormal findings. On 5-20-2015, an MRI of the right shoulder revealed degeneration and tendinosis of the

subscapularis with suggestion of a very small partial thickness tear on the articulating aspect of the tendon. On 5-20-2015, an MRI of the left shoulder was unremarkable. Treatment has included chiropractic therapy, off work, and medications including oral pain, topical pain, muscle relaxant (Cyclobenzaprine since at least 6-2015), proton pump inhibitor (Prilosec since at least 6-2015), and non-steroidal anti-inflammatory. The medication list includes Anaprox, Tramadol, Cyclobenzaprine and Prilosec. Per the note dated 5/18/15 the patient had stomach problem from taking medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: Overturned

Claims Administrator 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 Chapter, Proton pump inhibitors.

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

Decision rationale: Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events." Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy. Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The patient has had GI symptoms with medications and also patient is taking Anaprox. Per the note dated 5/18/15 the patient had a stomach problem from taking medication. Therefore, there are significant GI symptoms; along with NSAID use. The request for Prilosec 20mg #60 is medically necessary and appropriate for this patient.

Cyclobenzaprine 7.5mg #60: Overturned

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

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

Decision rationale: The injured worker was being treated for thoracic spine sprain and strain, lumbar sprain and strain, and bilateral shoulder sprain and strain. Medical records (4-1-2015 to 7-28-2015) indicate the injured worker reported ongoing mid back and low back pain that was constant and achy. On 7-28-2015, the injured worker reported also reported bilateral shoulder pain that was constant and achy. The physical exam (6-8-2015 to 7-28-2015) revealed normal thoracic spine range of motion and decreased lumbar spine range of motion that was unchanged. On 5-13-2015, an MRI of the cervical spine revealed straightening of the normal lordotic curvature usually due to muscular spasm, a central posterior disc protrusion and mild left neural foraminal narrowing at C5-6. On 5-13-2015, an MRI of the thoracic spine revealed straightening of the normal thoracic kyphotic curvature. On 5-13-2015, an MRI of the lumbar

spine revealed disc desiccation at L1-2 (lumbar 1-2) through L5-S1 (lumbar 5-sacral 1). There was straightening of the lumbar lordotic curvature, which may represent myospasm. The patient has evidence of muscle spasms on objective examination. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore, the request for Cyclobenzaprine 7.5mg #60 is medically necessary and appropriate for prn use during exacerbations.