

Case Number:	CM15-0198923		
Date Assigned:	10/14/2015	Date of Injury:	07/15/2015
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/09/2015

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: Florida

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 54 year old male, who sustained an industrial-work injury on 7-15-15. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain, lumbago, lumbar facet joint syndrome, thoracic neuritis, internal derangement right knee, right knee sprain and insomnia. Medical records dated 8-21-15 indicate that the injured worker complains of low back pain that radiates to the bilateral lower extremities (BLE) that is rated 10 out of 10 on the pain scale and aggravated by activities, there is left thigh pain that is constant and aching rated 8 out of 10 on the pain scale and aggravated by activities and constant right knee pain that radiates to the bilateral lower extremities (BLE) rated 6 out of 10 on the pain scale and aggravated by activities. The physician indicates that the pain described is without medications. The injured worker reports difficulties with activities of daily living (ADL) due to pain. The injured worker denies nausea, vomiting or heartburn. The physical exam dated 8-21-15 reveals lumbar tenderness, tenderness over the facet joints, tenderness at the sciatic nerve and tenderness over the sacroiliac joint. The lumbar range of motion is decreased. The straight leg raise is positive bilaterally. There is tenderness noted to palpation of the right knee with positive Adduction test and Apley's compression test. Work status is not noted. The physician indicates that he will prescribe Cyclobenzaprine to reduce muscle spasms and Omeprazole. Treatment to date has included rest, chiropractic, physical therapy at least 6 sessions, knee brace, pain management consult, and other modalities. The treating physician indicates that the urine drug test was performed on 8-21-15. The request for authorization date was 9-15-15 and requested services included Cyclobenzaprine 7.5mg #90 and Omeprazole DR

20mg #60. The original Utilization review dated 9-23-15 non-certified the request for Cyclobenzaprine 7.5mg #90 and Omeprazole DR 20mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),.

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

Decision rationale: In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Likewise, this request for Cyclobenzaprine is not medically necessary.

Omeprazole DR 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. Whether the patient has cardiovascular risk factors that would contraindicate certain NSAID use should also be considered. The guidelines state, "Recommend with precautions as indicated. 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)." This patient does not have any of these gastrointestinal or cardiovascular risk factors. Likewise; this request for Omeprazole DR is not medically necessary.