

Case Number:	CM15-0201276		
Date Assigned:	10/16/2015	Date of Injury:	08/02/1996
Decision Date:	11/24/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/13/2015

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: Arizona, 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 68 year old male who sustained an industrial injury on 8-2-96. A review of the medical records indicates he is undergoing treatment for chronic obstructive pulmonary disease, hypertension, diabetes, hyperlipidemia, depression, skin cancer, cervical sprain and strain with severe spondylosis with disk herniation at C5-C6 impinging the cord with radicular symptoms of the right arm, and history of open reduction, internal fixation of the right shoulder with removal of hardware with underlying severe degenerative joint disease in the AC joint. Medical records (4-6-15, 8-17-15, and 9-14-15) indicate ongoing complaints of "severe shoulder cramps" in the right shoulder. Medical records (6-1-15, 7-1-15, 8-17-15, and 9-14-15) indicate palpable spasm in the right cervical trapezius muscle. Radiation of spasm to the right cervical paraspinal muscles in the 7-1-15 report. The physical exam (9-14-15) reveals right shoulder crepitus and limited range of motion, as well as palpable spasms. The record indicates he "gets 50% reduction in pain and functional improvement with activities of daily living with the medications". His medications include Oxycodone, Baclofen, Omeprazole, and Trazodone. Baclofen is noted to be used for "shoulder girdle spasm". Omeprazole is noted to be used for "dyspepsia from medications". No complaints of nausea, heartburn, or upper gastric symptoms are noted in the reviewed records. The utilization review (9-28-15) includes requests for authorization of Baclofen 10mg every 6 hours as needed for right shoulder girdle spasm #45 and Omeprazole 20mg daily #30. Both requests were denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Baclofen 10 mg #45: 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): Muscle relaxants (for pain).

Decision rationale: According to the guidelines, Baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Baclofen has been noted to have benefits for treating lancinating, paroxysmal neuropathic pain. In this case, the claimant was on Baclofen for several months. The claimant does not have an injury due to MS or resultant paraplegia/quadruplegia. Continued use of Baclofen is not medically necessary.

Omeprazole 20 mg #30: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant has dyspepsia from medications but there was no mention of trial of medication modification and there was no NSAID use. Chronic use of PPIs is not indicated. Therefore, the continued use of Omeprazole is not medically necessary.