

Case Number:	CM15-0206512		
Date Assigned:	10/23/2015	Date of Injury:	09/15/2010
Decision Date:	12/04/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/20/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old female, who sustained an industrial injury on 09-15-2010. She has reported injury to the neck, bilateral shoulders, low back, and left knee. The diagnoses have included chronic cervical strain, rule out worsening disc herniation; chronic lumbar strain, rule out worsening disc herniation; bilateral shoulder strain, rule out internal derangement; and left knee strain, rule out meniscal tear. Treatment to date has included medications, diagnostics, activity modification, ice, heat, acupuncture, epidural injections, and physical therapy. Medications have included Kera-Tek Gel, Flexeril, and Prilosec. A progress note from the treating physician, dated 07-24-2015, documented a follow-up visit with the injured worker. The injured worker reported persistent pain in the neck and lower back, rated at 9 out of 10 in intensity; bilateral shoulder pain, rated at 9 out of 10 in intensity; left knee pain, rated at 9 out of 10; the pain is constant and the same; the pain is made better with rest ad medication; she takes Omeprazole for gastrointestinal issues, secondary to non-steroidal anti-inflammatory agents used in the past; she does use the Flexeril that helps her pain in her trapezius and paraspinal muscle spasm and helps her pain from a 9 down to a 4 out of 10 in intensity; and she is not currently working. Objective findings included she is in no acute distress; cervical spine revealed loss of range of motion with palpable muscular hypertonicity and tenderness; there was decreased sensation over the right anterolateral hand; bilateral shoulders revealed loss of range of motion, considered slight; and positive Neer's and Hawkins impingement signs, right greater than left. The treatment plan has included the request for 90 tablets of Flexeril (Cyclobenzaprine HCl) 10mg; and 60 capsules of Prilosec (Omeprazole) 20mg. The original utilization review, dated 09-30-2015, non-certified the request for 90 tablets of Flexeril (Cyclobenzaprine HCl) 10mg; and 60 capsules of Prilosec (Omeprazole) 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Flexeril (Cyclobenzaprine HCL) 10mg: Upheld

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

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

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 2010 injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant progressive deteriorating clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status to support further use as the patient remains unchanged. The 90 tablets of Flexeril (Cyclobenzaprine HCL) 10mg is not medically necessary and appropriate.

60 capsules of Prilosec (omeprazole) 20mg: Upheld

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) Treatment for Workers Compensation, Online Edition 2015, Pain Chapter.

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

Decision rationale: Review indicates the prescription for Prilosec is for GI issues from NSAID use in the past, but it does not appear the patient is currently taking any oral NSAID at present time. Additionally, proton pump inhibitor (PPI) medication is for treatment of the problems associated with active gastric ulcers, erosive esophagitis, Barrett's esophagitis, or in patients with pathologic hypersecretion diseases. Although preventive treatment is effective for the mentioned diagnosis, studies suggest; however, nearly half of PPI prescriptions are used for unapproved or no indications. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for PPI namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Long term use of PPIs have potential increased risks of B12 deficiency; iron deficiency; hypomagnesemia; susceptibility to pneumonia, enteric infections, fractures, hypergastrinemia and cancer, and cardiovascular effects of myocardial infarction (MI). In the elderly, studies have demonstrated increased risk for Clostridium difficile infection, bone loss, and fractures from long-term use of PPIs. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any identified history of acute GI bleeding, active ulcers, or confirmed specific GI diagnosis criteria to warrant this medication. The 60 capsules of Prilosec (omeprazole) 20mg is not medically necessary and appropriate.