

Case Number:	CM15-0207778		
Date Assigned:	10/26/2015	Date of Injury:	03/05/1998
Decision Date:	12/21/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 62-year-old who has filed a claim for chronic groin, hip, knee, and thigh pain reportedly associated with an industrial injury of March 5, 1998. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve requests for Flexeril and Prilosec. The claims administrator referenced an October 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 6, 2015, the applicant reported ongoing issues with groin and knee pain. The applicant reported heightened pain complaints on this date. The applicant was on Percocet, Flexeril, and Prilosec, the treating provider reported. The attending provider stated that the applicant was using Prilosec for medication-induced gastritis. The applicant's GI review of systems was positive for heartburn, constipation, and nausea, it was reported. The applicant's complete medications, in another section of the note, reportedly included Percocet, Flexeril, Prilosec, Zestril, hydrochlorothiazide, Lopressor, Levoxyl, and Ativan, the treating provider reported. The treating provider contended that the applicant's ability to wash dishes, cook, and clean in unspecified amounts had been ameliorated as a result of ongoing medication consumption. The attending provider suggested that the applicant's medications were ameliorating her ability to perform household chores, but, once again, did not elaborate further. The applicant's work status was not clearly reported, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg three times a day as necessary with 1 refill #90: 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): Cyclobenzaprine (Flexeril).

Decision rationale: No, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is deemed not recommended. Here, the applicant was, in fact, using a variety of other agents, including Percocet, the treating provider acknowledged on October 6, 2015 office visit at issue. The addition of cyclobenzaprine or Flexeril to the mix was not recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that the 90-tablet supply of cyclobenzaprine or Flexeril at issue, in and of itself, represented treatment in excess of the short course of therapy for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Omeprazole 20mg 1 daily with 1 refill #30: Overturned

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, GI symptoms & cardiovascular risk.

Decision rationale: Conversely, the request for omeprazole (Prilosec), a proton pump inhibitor, was medically necessary, medically appropriate, and indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors such as omeprazole (Prilosec) are indicated in the treatment of NSAID-induced dyspepsia or, by analogy, the stand-alone dyspepsia reportedly present here on October 6, 2015. The attending provider seemingly contended that omeprazole had proven effective in attenuating the same. Continue the same, on balance, was indicated. Therefore, the request is medically necessary.