

Case Number:	CM15-0028622		
Date Assigned:	02/20/2015	Date of Injury:	10/11/2002
Decision Date:	03/31/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/17/2015

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 48 year old male, who sustained an industrial injury on October 11, 2002. The injured worker had reported back and left shoulder pain. The diagnoses have included status post endoscopic discectomy of lumbar five-sacral one, failed back surgery syndrome, lumbar facet hypertrophy and foraminal stenosis, cervical disc bulge, left shoulder impingement syndrome and an abdominal hernia. Treatment to date has included pain medication, epidural steroid injection and a home exercise program. Current documentation dated January 20, 2015 notes that the injured worker complained of constant low back pain with severe muscle spasms and stiffness shooting down the lower extremities, worse on the left. Associated symptoms include paresthesia, numbness and tingling. He also reported left-sided chest pain, left shoulder pain and an increased abdominal hernia. Physical examination of the lumbar spine revealed tenderness and an increased lumbar lordosis. Range of motion of the lumbar spine and left shoulder were restricted. Sensation was diminished in the left lower extremity. Straight leg raise was positive. On February 5, 2015 Utilization Review non-certified a request for Prilosec 20 mg # 60 and Flexeril 7.5 mg # 60. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited. On February 17, 2015, the injured worker submitted an application for IMR for review of Prilosec 20 mg # 60 and Flexeril 7.5 mg # 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. 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 history, symptoms, or GI diagnosis to warrant this medication. The Prilosec 20mg, #60 is not medically necessary and appropriate.

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic 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 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 to support further use as the patient remains without acute flare-up or clinical change. The Flexeril 7.5mg, #60 is not medically necessary and appropriate.