

Case Number:	CM15-0218233		
Date Assigned:	11/10/2015	Date of Injury:	11/04/1997
Decision Date:	12/21/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/05/2015

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: Emergency 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 injured worker was a 60 year old female, who sustained an industrial injury, November 4, 1997. The injured worker was undergoing treatment for degenerative disc disease of the cervical spine, multilevel HNP (herniated nucleus pulposus) of the cervical spine with moderate stenosis, cervical radiculopathy, bilateral carpal tunnel syndrome, depression, double crush syndrome, neural foraminal narrowing at C4-C5 on the left. According to progress note of October 13, 2015, the injured worker's chief complaint was neck and upper extremity pain. The injured worker described the pain as aching pain in the shoulder blades. The pain was rated 6 out of 10. The pain was increased by turning the head. The injured worker reported the pain fluctuated in severity. The injured worker also reported tingling in the hands, which was worse at night. The objective findings were tenderness with palpation to the cervical spine midline in addition to right sided paraspinal muscles and trapezius tenderness. There was tenderness with palpation to the scapula. The range of motion of the cervical and lumbar spine was decreased in all planes. The injured worker previously received the following treatments Omeprazole 20mg since December 1, 2014; acupuncture, physical therapy, cervical epidural steroid injections, Cyclobenzaprine 7.5mg at night as needed since June 15, 2015. The RFA (request for authorization) dated October 13, 2015; the following treatments were requested prescriptions for Omeprazole 20mg #60 with 2 refills, Cyclobenzaprine 7.5mg at bedtime #30 with 2 refills. The UR (utilization review board) denied certification on November 5, 2015; for prescriptions for Omeprazole 20mg #60 with 2 refills, Cyclobenzaprine 7.5mg at bedtime #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg capsules, daily as necessary, Qty 60 with 2 refills: Upheld

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

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

Decision rationale: The requested Omeprazole 20 mg capsules, daily as necessary, Qty 60 with 2 refills is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has neck and upper extremity pain. The injured worker described the pain as aching pain in the shoulder blades. The pain was rated 6 out of 10. The pain was increased by turning the head. The injured worker reported the pain fluctuated in severity. The injured worker also reported tingling in the hands, which was worse at night. The objective findings were tenderness with palpation to the cervical spine midline in addition to right sided paraspinal muscles and trapezius tenderness. There was tenderness with palpation to the scapula. The range of motion of the cervical and lumbar spine was decreased in all planes. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20 mg capsules, daily as necessary, Qty 60 with 2 refills is not medically necessary.

Cyclobenzaprine 7.5 mg tablets, at bedtime as necessary, Qty 30 with 2 refills: 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): Muscle relaxants (for pain).

Decision rationale: The requested Cyclobenzaprine 7.5 mg tablets, at bedtime as necessary, Qty 30 with 2 refills is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAID's and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has neck and upper extremity pain. The injured worker described the pain as aching pain in the shoulder blades. The pain was rated 6 out of 10. The pain was increased by turning the head. The injured worker reported the pain fluctuated in severity. The injured worker also reported tingling in the hands, which was worse at night. The objective findings were tenderness with palpation to the cervical spine midline in addition to right sided paraspinal muscles and trapezius tenderness. There was tenderness with palpation to the scapula. The range of motion of the cervical and lumbar spine was decreased in all planes. The treating physician has

not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine 7.5 mg tablets, at bedtime as necessary, Qty 30 with 2 refills is not medically necessary.