MAXIMUS Federal Services

Case Number:	CM15-0218906		
Date Assigned:	11/10/2015	Date of Injury:	06/06/2002
Decision Date:	12/22/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57 year old male, who sustained an industrial injury on 6-06-2002. The injured worker was diagnosed as having cervical disc degeneration, lumbar post laminectomy syndrome, pain in hand joint, and unspecified major depression, single episode. Treatment to date has included diagnostics, multiple lumbar spine surgeries, multiple left wrist surgeries, mental health treatment, and medications. On 2-25-2015, the injured worker complains of left wrist pain, chronic back pain, headaches, and psychological issues. The treating provider noted that he was awaiting approval for Internal Medicine consultation regarding gastrointestinal complaints. He wished to proceed with another lumbar epidural steroid injection and lysis of adhesions. A review of symptoms was positive for heartburn and psychiatric complaints. Physical exam noted him as alert and oriented, without acute distress or suicidal ideation. "Normal muscle tone without atrophy" was noted to all extremities. Strength was 4 of 5 in the left wrist extension and thumb apposition. Spasm and guarding was noted in the lumbar spine. His work status was permanent and stationary. Current medications included Cyclobenzaprine, Gralise, Omeprazole DR, Methadone, Tramadol ER, Acyclovir, Imitrex, Prozac, and nortriptyline. The duration of medication use could not be determined. Urine toxicology (2-25-2015) was positive for benzodiazepine and methadone metabolite. Utilization Review report dated 3-09-2015 approved a request for Cyclobenzaprine 10mg #60 with 2 refills (2-25-2015), Omeprazole DR 20mg #30 with 2 refills (2-25-2015), and Internal Medicine consultation. On 10-22-2015 Utilization Review non-certified a retrospective request for Cyclobenzaprine 10mg #180 (dispensed 2-25-2015) and Omeprazole DR 20mg #90 (dispensed 2-25-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 10mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

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

Decision rationale: The claimant has a remote history of a work injury occurring in June 2002 when, while working as Correctional Officer, a hanging shield weighing approximately 400 pounds fell on him with injuries including a spinal fracture, disc injury, and fractured wrist. He has a history of multiple spinal surgeries with hardware removal done in 2007. He underwent left wrist surgery in 2004 and 2006. He continues to be treated for chronic back pain and left wrist pain, headaches, and has secondary depression and insomnia. In February 2015 complaints included heartburn. He was taking delayed-release omeprazole. No NSAID medication was being prescribed. There had been improvement after debridement surgery and an epidural injection. He was requesting another epidural injection with lysis of adhesions. His headaches were improving. He was receiving psychiatric care. There was a pending internal medicine evaluation for gastrointestinal upset and heartburn symptoms. Physical examination findings included lumbar spine spasms with guarding. Medications prescribed were cyclobenzaprine, delayed-release omeprazole, methadone, extended release tramadol, and Gralise. Cyclobenzaprine was prescribed at 10 mg #60 with two refills. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed was consistent with ongoing long-term use of at least three months. Prescribing cyclobenzaprine was not medically necessary.

Retrospective request for Omeprazole Dr 20mg, #90: 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 claimant has a remote history of a work injury occurring in June 2002 when, while working as Correctional Officer, a hanging shield weighing approximately 400 pounds fell on him with injuries including a spinal fracture, disc injury, and fractured wrist. He has a history of multiple spinal surgeries with hardware removal done in 2007. He underwent left wrist surgery in 2004 and 2006. He continues to be treated for chronic back pain and left wrist pain, headaches, and has secondary depression and insomnia. In February

2015 complaints included heartburn. He was taking delayed-release omeprazole. No NSAID medication was being prescribed. There had been improvement after debridement surgery and an epidural injection. He was requesting another epidural injection with lysis of adhesions. His headaches were improving. He was receiving psychiatric care. There was a pending internal medicine evaluation for gastrointestinal upset and heartburn symptoms. Physical examination findings included lumbar spine spasms with guarding. Medications prescribed were cyclobenzaprine, delayed-release omeprazole, methadone, extended release tramadol, and Gralise. Cyclobenzaprine was prescribed at 10 mg #60 with two refills. Subsequent visits indicate that another provider was prescribing Meloxicam. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant was not being prescriptions an oral NSAID by the requesting provider. A review of all of the claimant's medications should have been done. Prescribing delayed release omeprazole without adequately assessing the claimant's other medications was not medically necessary.