

Case Number:	CM15-0034956		
Date Assigned:	03/03/2015	Date of Injury:	05/03/2007
Decision Date:	04/09/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 female patient, who sustained an industrial injury on 05/03/2007. A primary treating office visit dated 01/28/2015, reported chief complaint of upper back and neck pain, increased with cervical rotation and with crepitation; along with cervical occipital headaches. She has parathesias down bilateral arms. Prior electroconduction study showed findings consistent with carpal tunnel syndrome. She is prescribed the following medications; Ambien ER, Flexiril, Cymbalta, Ibuprofen, Tizanidine, Omeprazole, Hydrocodone/Acetaminophen, and Hydromorphone HCL. Physical assessment noted cervical sprain, lumbar sprain and chronic pain. A request was made for medications Ibuprofen 600MG, Flexiril 10 MG and Omeprazole 20Mg. On, 02/02/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, NSAIDS, muscle Relaxants were cited. On 02/24/2015, the injured worker submitted an application for independent medical review of services requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600 mg qty 90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Naproxen is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's neck and lumbar pain have been treated with NSAIDs, but there was no documentation of objective functional improvement. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is considered medically unnecessary.

Flexeril 10 mg qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: The use of cyclobenzaprine for lumbar pain is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. There is no objective documentation of improved function. This muscle relaxant is useful for acute exacerbations of chronic lower back pain. Therefore, continued use is considered not medically necessary.

Omeprazole 20 mg qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, PPI (NSAIDs, GI risk).

Decision rationale: The request for Omeprazole is not medically necessary. ODG guidelines were used as MTUS does not address the use of omeprazole. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPIs is not required unless he is on chronic NSAIDs. The patient's ibuprofen will not be certified. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request IS medically unnecessary.