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| Case Number: | CM15-0044041 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 01/20/2004 |
| Decision Date: | 04/16/2015 | UR Denial Date: | 02/09/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 68-year-old male, who sustained an industrial injury from 1997 through January 20, 2004. He reported chronic neck, back, bilateral hip, lower extremity and feet pain with associated tingling and weakness. The injured worker was diagnosed as having cervical strain with magnetic resonance imaging evidence of stenosis at the cervical 3-4 and 4-5 level and herniation at the thoracic 2-3 levels, lumbar strain with discopathy and bilateral plantar fasciitis. Treatment to date has included radiographic imaging, diagnostic studies, acupuncture therapy, physical therapy, TENS unit, pain medications, back brace, cane for ambulation and work duty modifications. Currently, the injured worker complains of chronic neck, back, bilateral hip, lower extremity and feet pain with associated tingling and weakness. The injured worker reported a cumulative industrial injury from 1997 through 2004, resulting in the above noted chronic pain. It was noted he was treated conservatively without complete resolution of the chronic pain. He reported continued chronic pain and noted using medications to maintain function. Evaluation on December 16, 2014, revealed continued chronic pain. Medications were renewed and physical therapy was recommended. It was noted previous physical therapy was beneficial in reducing the chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California code of regulation, title 8, Effective July 18, 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

Decision rationale: This 68 year old male has complained of neck, hip and bilateral foot pain since date of injury 1/20/04. He has been treated with physical therapy, TENS unit, acupuncture and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not indicated as medically necessary in this patient.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California code of regulation, title 8, Effective July 18, 2009.

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

Decision rationale: This 68 year old male has complained of neck, hip and bilateral foot pain since date of injury 1/20/04. He has been treated with physical therapy, TENS unit, acupuncture and medications to include muscle relaxants since at least 11/2012. The current request is for cyclobenzaprine. Per MTUS guidelines, treatment with cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, cyclobenzaprine is not considered medically necessary for this patient.