

Case Number:	CM15-0046896		
Date Assigned:	03/19/2015	Date of Injury:	03/18/2001
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/12/2015

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 female, who sustained an industrial injury on 03/18/2001. The injured worker is currently diagnosed as having chronic low back pain with degenerative disc disease, intrathecal pain pump, repeat fusion of L4-5 and L5-S1, carpal tunnel syndrome, right shoulder status post-surgical intervention repair, and status post fall with lumbar injury aggravation. Treatment to date has included right shoulder surgery, MRI of the right shoulder, cortisone injection, physical therapy, intrathecal pain pump, and opiate analgesics. In a progress note dated 02/20/2015, the injured worker presented with complaints of chronic low back pain and requested a muscle relaxant for the spasm and reflux medication management with the omeprazole. The treating physician reported requesting in-home supportive services and prescribed Omeprazole and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

In home supportive services 35 hours per week: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines home-health services Page(s): 51.

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder, lower back and upper/ lower extremities. The request is for IN HOME SUPPORT 35 HOURS PER WEEK. The patient is s/p repeat lumbar fusion L4-5 and L5-S1 in 2011, carpal tunnel release in 2012, and right shoulder surgery. The date of her right shoulder surgery is not provided. Per 02/20/14 progress report, the patient ambulates with a cane. The patient has an antalgic gait. The patient has had 8 sessions of physical therapy between 12/10/14 and 02/05/15. Work status is unknown. The MTUS Guidelines page 51 on home-health services recommend "this service for patients who are home bound on a part-time or intermittent basis generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, laundering, and personal care given by home-health aids like bathing, dressing, and using the bathroom when this is the only care needed." In this case, the treater does not explain why home-health service is being requested. The treater does not explain whether or not the patient is home bound, and if so, why. Other than chronic pain, there is no rationale as to why the patient is unable to self-care requiring home health assistance. No specific medical care need is documented. There is no documentation of paralysis, significant neurologic deficits, or functional loss to prevent this patient from self-care and performing the necessary ADLs. The request IS NOT medically necessary.

Retrospective request for Omeprazole 20 mg #60 dispensed on 2/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder, lower back and upper/lower extremities. The request is for RETROSPECTIVE REQUEST FOR OMEPRAZOLE 20MG #60 DISPENSED ON 02/20/15. Per 02/20/15 progress report, Omeprazole and Cyclobenzaprine are dispensed. These medications help patient with pain tolerability and ADL dysfunction such as sleep and together with the pain pump, close to 50% pain reduction in VAS score from 10/10 to 5-6/10. The review of the reports does not indicate how long the patient has been utilizing this medication. Work status is unknown. MTUS guidelines page 69 recommends prophylactic use of PPI's when appropriate GI assessments have been provided. The patient must be determined to be at risk for GI events, such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID e.g., NSAID + low-dose ASA. In this case, the treater does not provide any GI assessment to determine whether or not the patient would require prophylactic use of PPI. There is no documentation of any GI problems such as GERD or gastritis to warrant the use of PPI. The review of the reports does not show that the patient has been on any NSAIDs and there is no request for NSAIDs either. The request IS NOT medically necessary.

Retrospective Cyclobenzaprine 10 mg #60 dispensed on 2/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in her neck, right shoulder, lower back and upper/lower extremities. The request is for RETROSPECTIVE REQUEST FOR CYCLOBENZAPRINE 10MG #60 DISPENSED ON 02/20/15. Per 02/20/15 progress report, Omeprazole and Cyclobenzaprine are dispensed. These medications help patient with pain tolerability and ADL dysfunction such as sleep and together with the pain pump, close to 50% pain reduction in VAS score from 10/10 to 5-6/10. The review of the reports does not indicate how long the patient has been utilizing this medication. Work status is unknown. MTUS guidelines page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." In this case, the treater requested Cyclobenzaprine for muscle spasms. There is documentation of this medication's efficacy stating "help patient with pain tolerability and ADL dysfunction such as sleep." However, the treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-ups. The current request for #60 does not indicate intended short-term use. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare-ups. The request IS NOT medically necessary.