

Case Number:	CM15-0050005		
Date Assigned:	03/23/2015	Date of Injury:	12/06/2012
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/16/2015

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: Connecticut, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational 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 is a 66 year old female, who sustained an industrial injury on 12/6/12. The injured worker was diagnosed as having a fractured clavicle, headache and fractured ribs. Treatment to date has included oral medications, TENS unit, activity restrictions and physical therapy. Currently, the injured worker complains of mid to low back pain radiating bilaterally into the lower extremities. Physical exam noted left shoulder decreased range of motion and tenderness to palpation of the left clavicle and left shoulder. The treatment plan is to continue meds, exercise and TENS unit; refill cyclobenzaprine and omeprazole and request physical therapy and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg 1 PO Q HS PRN #90, dispensed 2/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 01/19/2015.

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

Decision rationale: The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. However, in most cases, they seem no more effective than NSAIDs for treatment. There is also no additional benefit shown in combination with NSAIDs. With no objective evidence of pain and functional improvement on the medication, and no evidence of spasm due to lack of provided clinical exam findings, the quantity of medications currently requested are not medically necessary and appropriate.

Omeprazole 20 mg 1 PO BID #60, dispensed 2/24/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version last updated 01/19/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 68-69.

Decision rationale: It is not clear from the provided records whether or not the patient is currently taking NSAIDs. The documents submitted for review provide no evidence of GI complaints or objective physical findings to warrant continued use. The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. There is no formal objective evidence on the physical exam, etc. documenting specific gastrointestinal symptoms or findings in the provided records. It is the opinion of this reviewer that the request for Omeprazole being non-certified is reasonable based on lack of evidence for GI risk or symptomatology in the provided records. Therefore the request is not medically necessary given the provided information at this time.