

Case Number:	CM15-0054688		
Date Assigned:	03/30/2015	Date of Injury:	03/02/2014
Decision Date:	05/14/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/23/2015

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 38-year-old female who reported injury on 03/02/2014. The mechanism of injury was noted to be a fall at work. Prior therapies included chiropractic care. The injured worker was noted to be utilizing cyclobenzaprine, gabapentin, NSAIDs, omeprazole, and benzodiazepines since 2014. The diagnoses included cervicalgia, chronic lumbar backache, recurrent myofascial strain and radicular pain in the extremities. The documentation of 01/22/2015 revealed the injured worker continued to have chronic pain in the low back and left elbow and pain in the neck and mid back. The injured worker indicated she was taking the medications as prescribed. The physical examination of the left elbow revealed tenderness over the medial and lateral epicondyle. There was no soft tissue swelling or crepitus. The injured worker had lumbar tenderness and paraspinous muscle spasm. There was decreased range of motion of the lumbar spine secondary to pain. Reflexes were 2+ in the knees and in the right ankle and 1+ in the left ankle. The documentation indicated the injured worker would undergo a urine drug screen. The injured worker was having difficulty sleeping and as such would be prescribed Lunesta. The injured worker's medications were noted to include tramadol, cyclobenzaprine and gabapentin. There was no documentation dated 01/25/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20 mg, sixty count, provided January 25, 2015: 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 NSAIDS Page(s): 69.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events. The clinical documentation submitted for review failed to indicate the injured worker was at intermediate risk or higher for gastrointestinal events. The documentation indicated the injured worker had utilized the medication for an extended duration of time. The efficacy was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20 mg, sixty count, provided January 25, 2015 is not medically necessary.

Cyclobenzaprine 7.5 mg, sixty count, provided January 25, 2015: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended period of time. There was a lack of documentation of objective functional improvement. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cyclobenzaprine 7.5 mg, sixty count, provided January 25, 2015 is not medically necessary.

Naproxen 550 mg, sixty count, provided January 25, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been

on the medication for an extended duration of time. There was a lack of documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen 550 mg, sixty count, provided January 25, 2015 is not medically necessary.

Quazepam 15 mg, thirty count, provided January 25, 2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The California Medical Treatment Utilization Guidelines do not recommend the use of benzodiazepines for longer than 4 weeks due to the possibility of psychological or physiological dependence. The clinical documentation submitted for review failed to provide documentation of exceptional factors as it was noted the injured worker was on the medication for an extended duration of time. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Quazepam 15 mg, thirty count, provided January 25, 2015 is not medically necessary.