

Case Number:	CM15-0056866		
Date Assigned:	04/01/2015	Date of Injury:	05/28/2012
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/25/2015

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: 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 61 year old, female who sustained a work related injury on 5/28/12. The diagnoses have included right chondromalacia, right ankle sprain and left carpal tunnel syndrome. Comorbid conditions includes obesity (BMI 30) and gastroesophageal reflux disease (GERD). Treatments have included medications and use of braces. In the PR-2 dated 3/6/15, the injured worker complained of left leg swelling. She had medial and lateral knee pain with radiation up to back, right ankle pain and left wrist pain. Ankle support and wrist brace lessened pain. Her present medications includes Lyrica, Voltaren, omeprazole and Flexeril. The treatment plan is for prescriptions of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine Page(s): 41-2, 63-66.

Decision rationale: Cyclobenzaprine (Flexeril) is classified as a sedating skeletal muscle relaxant. This class of medications can be helpful in reducing pain and muscle tension thus increasing patient mobility. Muscle relaxants as a group, however, are recommended for short-term use only as their efficacy appears to diminish over time. In fact, studies have shown cyclobenzaprine's greatest effect is in the first 4 days of treatment after which use may actually hinder return to functional activities. They are considered no more effective at pain control than non-steroidal anti-inflammatory medication (NSAIDs) which she is presently taking (Voltaren) and there is no study that shows combination therapy of NSAIDs with muscle relaxants has a demonstrable benefit. This patient has been on cyclobenzaprine therapy for over one month. Since there is no documented provider instruction to use this medication on an 'add needed' basis and since there is no documentation of recurrent muscle spasms there is no indication to continue use of this medication. Medical necessity for use of muscle relaxants (as a class) or cyclobenzaprine (specifically) has not been established. Therefore, the request is not medically necessary.

Lyrica 150mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

Decision rationale: Lyrica (pregabalin) is classified as an anti-epileptic drug indicated in the treatment of epilepsy, anxiety, mood disorders, benign motor tics and neuropathic pain from either trigeminal neuralgia and diabetic neuropathy etiologies. The MTUS suggests use of anti-epileptic drugs as a first line therapy for neuropathic pain from nerve damage and further describes the goal of therapy to be when the pain decreases 30-50% or more and the patient's level of functioning improves. This patient does not have any diagnosis consistent with producing neuropathic pain. Medical necessity for use of this medication has not been established. Therefore, the request is not medically necessary.

Prilosec 20mg #60 with 3 refills: Overturned

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

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

Decision rationale: Prilosec (omeprazole) is classified as a proton pump inhibitor and recommended for treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease

(GERD), laryngopharyngeal reflux, and Zollinger Ellison syndrome. The MTUS also recommends its use to prevent dyspepsia or peptic ulcer disease secondary to longer-term use of non-steroidal anti-inflammatory drugs (NSAIDs). Since this patient is on chronic NSAID therapy (Voltaren) it is reasonable to assume her GERD symptoms may worsen due to this medication. It follows that use of omeprazole in this patient is appropriate. Medical necessity has been established. Therefore, the request is not medically necessary.