

Case Number:	CM15-0086254		
Date Assigned:	06/17/2015	Date of Injury:	08/29/2006
Decision Date:	07/15/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old female with an industrial injury dated 08/29/2006. The injured worker's diagnoses include impingement syndrome status post left arthroscopic acromioplasty and cervical spondylosis without myelopathy. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 04/01/2015, the injured worker reported neck pain, left hand pain, low back pain and left upper extremity pain. Objective findings revealed tenderness to cervicothoracic area with paraspinal spasms and limited range of motion. Left shoulder tenderness and positive proactive testing were also noted on exam. Treatment plan consisted of medication management. The treating physician prescribed one prescription of Prilosec 20mg #60 with 2 refills and one prescription of Flexeril 7.5mg #90 with 1 refill now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Prilosec 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (GI symptoms and cardiovascular risk).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

Decision rationale: The claimant sustained a work injury in August 2006 and continues to be treated for neck, low back, and left upper extremity pain. When seen, there was cervical spine tenderness with muscle spasms and decreased range of motion. There was shoulder tenderness with decreased range of motion and positive impingement testing. The claimant past medical history is that of asthma and migraines and review of systems is negative for gastrointestinal problems. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant does not have any identified risk factors for a gastrointestinal event. The claimant is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. There is no documented history of dyspepsia secondary to non-steroidal anti-inflammatory medication therapy. The prescribing of a proton pump inhibitor such as Prilosec was not medically necessary.

One prescription of Flexeril 7.5mg #90 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants Page(s): 41, 63.

Decision rationale: The claimant sustained a work injury in August 2006 and continues to be treated for neck, low back, and left upper extremity pain. When seen, there was cervical spine tenderness with muscle spasms and decreased range of motion. There was shoulder tenderness with decreased range of motion and positive impingement testing. The claimant past medical history is that of asthma and migraines and review of systems is negative for gastrointestinal problems. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with ongoing long-term use and was not medically necessary