

Case Number:	CM14-0132349		
Date Assigned:	08/22/2014	Date of Injury:	12/19/2011
Decision Date:	09/26/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/18/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 58-year-old female who reported an injury on 12/19/2011. Reportedly, the injured worker sustained multiple injuries to her lower back while performing her usual and customary duties as a preschool teacher. Her treatment history included x-rays, epidural steroid injections, physical therapy, and medications. The injured worker was evaluated on 05/12/2014, and it was documented that the injured worker complained of bilateral lower back pain, left lower extremity pain and right lower extremity pain. With medication the injured worker rated her pain at 5/10. Without medication the injured worker rated her pain at 8/10. The injured worker was taking her medications as prescribed. She stated the medications were effective. Side effects of the medication included constipation. No medication abuse was suspected. Medications included cyclobenzaprine 5 mg, tramadol HCL 50 mg, gabapentin 300 mg, ibuprofen 800 mg, and omeprazole 20 mg, and Terocin patches. Physical examination of the lumbar spine revealed range of motion was restricted with extension, right lateral bending and left lateral bending. There was paravertebral muscle tenderness noted on both sides. Lumbar facet loading was positive on both sides. Diagnoses included lumbar degenerative disc disease, lumbar disc protrusion at multiple levels, lumbar facet arthropathy, and lumbar radiculopathy. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 5mg Qty#120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

Decision rationale: The requested service is not medically necessary. According to California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted stated the injured worker had completed physical therapy sessions. However, there was a lack of documentation provided on his long term-goals of functional improvement of his home exercise regimen. In addition, the request lacked frequency and duration of the medication. As, such, the request for Flexeril 5mg, QTY 120 is not medically necessary.

Refill Prilosec 20mg Qty#30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - TWC PAIN PROCEDURE SUMMARY.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68-69.

Decision rationale: The request for refill Prilosec 20 mg QTY # 30 not medically necessary. Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documentation indicated the injured worker having gastrointestinal events and that Omeprazole resolves the issue. However, the request lacked frequency and duration of the medication for the injured worker. Given the above, the request for prospective use of Prilosec 20 mg # 30 is not medically necessary.

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Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES - TWC PAIN PROCEDURE SUMMARY.

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