

Case Number:	CM14-0137085		
Date Assigned:	09/05/2014	Date of Injury:	11/05/2011
Decision Date:	10/31/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/25/2014

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 Family Medicine and is licensed to practice in California. 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:

Patient has a date of injury on 11/5/2012. Patient gradually started developing pain, numbness and weakness at the right arm and wrist with aggravation of symptoms at night. Patient works as a clerk. Diagnosis include Cervical Discopathy, Double Crush Syndrome, Right Carpal tunnel syndrome, tear of the supraspinatus tendon and SLAP lesion of the right shoulder, and impingement with partial tear of infraspinatus tendon and SLAP tear of the left shoulder. Patient has had physical therapy, cortisone injections and braces of her wrists along with carpal tunnel release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride, 120 count, one tablet every eight hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 - 69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64.

Decision rationale: According to medical guidelines Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system

depressant with similar effects to tricyclic antidepressants. According to the patient's medical records there is no mention of muscle spasms that would warrant its use.

Omeprazole 20mg, 120 count, one tablet every twelve hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

Decision rationale: According to guidelines a PPI should be used only if a patient is at risk for gastrointestinal events. age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. According to the patient's medical records none of these criteria is mentioned and therefore is not medically necessary.