

Case Number:	CM14-0137868		
Date Assigned:	09/05/2014	Date of Injury:	03/05/2007
Decision Date:	10/06/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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 Occupational 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:

The patient is a 47 year-old female with date of injury 03/05/2007. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/31/2014, lists subjective complaints as pain in the neck with radicular symptoms down both arms. Objective findings: Examination of the cervical spine revealed tenderness to palpation of the paraspinal muscles. Range of motion was decreased in all planes due to pain. Slight decrease in range of motion of the right elbow and shoulder. Positive impingement of right shoulder. Diagnosis: 1. Status post elbow ulnar nerve decompression 2. Status post right shoulder surgery 3. Complex regional pain syndrome of the upper extremities 4. Neck pain 5. Low back pain with referring pain to the right leg 6. Status post cervical spinal cord stimulator 3 years ago. The medical records provided for review document that the patient has been taking the following medications for at least as far back as one year. Medications: 1. Omeprazole 20mg, #30 SIG: one capsule a day 2. Flexeril 7.5mg, #90 SIG: TID 3. Norco 10/325mg, #150 SIG: 1 tab every 4 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Omeprazole 20 mg #30, delayed release 1 capsule a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, GI Symptoms and Cardiovascular Risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitor

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used are: (1) 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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole.

Retrospective request for Flexeril 7.5 mg #90: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been taking Flexeril for at least one year, long past the recommended 2-3 weeks by the MTUS. Flexeril is not medically necessary.

Retrospective request for Norco 10/325 mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year.