

Case Number:	CM14-0149847		
Date Assigned:	09/18/2014	Date of Injury:	04/04/2003
Decision Date:	10/17/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/15/2014

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 Ohio. 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 47-year-old male with a history of chronic neck, shoulder, and back pain. The date of injury is unclear but seems to have occurred prior to April 2003. The injured worker had an anterior cervical fusion of the C5-C7 levels in February 2013. His physical exam has revealed tenderness to palpation of the cervical and lumbar spines and paraspinal regions with diminished range of motion of the cervical lumbar spines and diminished sensation of the right upper and lower extremities. His diagnoses include cervical and lumbar radiculopathies, cervical and lumbar degenerative disc disease, gastroesophageal reflux disease, prior alcoholism, and right shoulder tendinosis. The injured worker does not appear to be taking nonsteroidal anti-inflammatory drugs or antidepressants.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride Tablets 7.5 Mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

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

Decision rationale: Cyclobenzaprine, also known as Flexeril, is a muscle relaxant that has been recommended as an option for pain. However, its usage is recommended to be short-term, generally 2 to 3 weeks. In this instance, cyclobenzaprine appears to be used chronically and therefore is medically unnecessary under the guidelines.

Omeprazole 20 Mg: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Proton pump inhibitors such as omeprazole are recommended for those at risk for gastrointestinal events as a consequence of using nonsteroidal anti-inflammatory drugs. Risk factors for gastrointestinal events include (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 (e.g., NSAID + low-dose ASA). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. In this instance, the injured worker has none of the above risk factors. He does have a history of gastrointestinal reflux disease which is not one of the specified risk factors. Additionally, he does not appear to be taking a nonsteroidal anti-inflammatory drug. Therefore, omeprazole 20 mg is not medically necessary under the guidelines.