

Case Number:	CM14-0181446		
Date Assigned:	11/06/2014	Date of Injury:	07/23/2003
Decision Date:	12/09/2014	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	10/31/2014

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 Physical Medicine and Rehabilitation 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:

According to the records made available for review, this is a 63-year-old male with a 7/23/03 date of injury. At the time (10/2/14) of request for authorization for Flexeril 10mg #90 with 1 refill and Omeprazole DR 20mg #30 with 1 refill, there is documentation of subjective (right pelvic pain and diffuse low back pain) and objective (normal physical examination) findings, current diagnoses (lumbar/lumbosacral disc degenerative disease, myalgia and myositis not otherwise specified, osteoarthritis of pelvic region and thigh, chronic pain syndrome, and lumbosacral spondylosis without myelopathy), and treatment to date (medications (including ongoing treatment with Meloxicam, Omeprazole, and Flexeril since at least 6/13/14)). Regarding Flexeril 10mg #90 with 1 refill, there is no documentation of acute low back pain or acute exacerbations of chronic low back pain, and Flexeril used as a second line option for short-term treatment (less than two weeks). Regarding Omeprazole DR 20mg #30 with 1 refill, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID).

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of lumbar/lumbosacral disc degenerative disease, myalgia and myositis not otherwise specified, osteoarthritis of pelvic region and thigh, chronic pain syndrome, and lumbosacral spondylosis without myelopathy. However, despite documentation of low back pain there is no documentation of acute low back pain or acute exacerbations of chronic low back pain. In addition, there is no documentation of Flexeril used as a second line option. Furthermore, given documentation of records reflecting prescriptions for Flexeril since at least 6/13/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 10mg #90 with 1 refill is not medically necessary.

Omeprazole DR 20mg #30 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors, and NSAIDs, GI Symptoms & Cardiovascular R.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar/lumbosacral disc degenerative disease, myalgia and myositis not otherwise specified, osteoarthritis of pelvic region and thigh, chronic pain syndrome, and lumbosacral spondylosis without myelopathy. In addition, there is documentation of ongoing treatment with Omeprazole. However, despite documentation of ongoing treatment with Meloxicam, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole DR 20mg #30 with 1 refill is not medically necessary.

