

Case Number:	CM14-0181783		
Date Assigned:	11/06/2014	Date of Injury:	05/28/2007
Decision Date:	12/11/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/03/2014

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 had a date of injury on 5/28/2007. Patient injured his back while at work. Diagnosis include: Lumbar stenosis, DDD of the L/S, Lumbar radiculopathy, subacute neck pain, Lumbar DDD. Patient has not tried physical therapy or chiropractic care. Patient uses Prilosec for his constipation, Flexeril, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #120: Upheld

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

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

Decision rationale: Omeprazole according to guidelines is used with NSAIDs for possible gastritis due to NSAIDs. According to the medical records the patient is using Omeprazole for constipation which is not recommended. Therefore, the request for Omeprazole 20mg #120 is not medically necessary and appropriate.

Hydrocodone / APAP 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-86.

Decision rationale: According to guidelines Opioids should be continued only if there is functional improvement. According to the medical records there is no improvement even with the use of Norco and thus is not medically necessary.

Flexeril 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

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

Decision rationale: According to guidelines Flexeril is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Based on the medical records the patient has been on Flexeril for a prolonged period of time which is not recommended and thus not medically necessary.