

Case Number:	CM14-0214043		
Date Assigned:	12/31/2014	Date of Injury:	07/13/2011
Decision Date:	02/26/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, New York
 Certification(s)/Specialty: Family Practice

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 26 year-old female who was injured on 7/13/11 due to repetitive stress while working with large machines. She complained of bilateral shoulder and neck pain. On exam, she had decreased range of motion. A 10/2011 MRI of the shoulder showed minimal suprinatus and infraspinatus tendinopathy. Electrodiagnostic studies showed right-sided cervical radiculopathy involving C5-C6 nerve roots. An 3/2013 MRI of cervical spine showed broad-based central disc protrusion at C3-4, mild central spinal canal stenosis, disc protrusion at C5-6, impression on the anterior aspect of the spinal cord, and disc protrusion at C6-7. She was diagnosed with rotator cuff sprain and strain, myalgia and myositis, thoracic sprain and strain, hypermobility syndrome, calcium deposits in tendon and bursa. Her medications included cyclobenzaprine, omeprazole, and fenopufen. The current request is for retrospective prescription of cyclobenzaprine and omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5 mg # 90, dispensed on 11/12/14: Upheld

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

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

Decision rationale: The use of cyclobenzaprine is medically unnecessary. It is indicated for short-term use with best efficacy in the first four days. The effect is modest and comes with many adverse side effects including dizziness and drowsiness.. The use of cyclobenzaprine with other agents is not recommended. There was no documentation of functional improvement. There was no documentation of muscle spasms. This muscle relaxant is useful for acute exacerbations of chronic lower back pain but not for chronic use. Therefore, continued use is considered not medically necessary.

Retrospective request for Omeprazole 20 mg # 60, dispensed on 11/12/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)) Pain, PPI (NSAIDs, GI risk).

Decision rationale: The request for Omeprazole is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The patient was on fenoprofen, but unclear how often she was taking it. The patient did not have risk factors such as age greater than 65, history of peptic ulcer disease or gastrointestinal bleeding, concurrent use of aspirin, steroids, or anticoagulants, or high dose/multiple anti-inflammatory use. There was no documentation of GI symptoms that would require a PPI. Long term PPI use carries many risks and should be avoided. Therefore, this request is medically unnecessary.