

Case Number:	CM15-0016733		
Date Assigned:	02/05/2015	Date of Injury:	01/07/2009
Decision Date:	03/30/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/29/2015

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, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 female, with a reported date of injury of 01/07/2009. The diagnoses include lumbar degenerative disc disease, status post L5-S1 disc replacement, chronic low back pain, lumbar radiculitis, and lumbar myofascial pain. Treatments have included oral medications, heat, and ice. The progress report dated 12/03/2014 indicates that the injured worker had low back and extremity pain. She stated that her pain had been worse. She was having a lot of aching in the left side of the low back with radiation to the left lower extremity with some numbness, pins, and needles. The injured worker rated her pain 10 out of 10 without medication, and 7 out of 10 with medication. The examination of the lumbar spine showed tenderness in the paraspinal muscles, decreased range of motion, positive left straight leg raise test, decreased sensation in the left posterior and lateral leg, and a mildly antalgic gait. The injured worker complained of stomach upset, but denied nausea and vomiting. The treating provider requested Flexeril 7.5mg #60 and Omeprazole 20mg #60. The rationale for the request was not indicated. On 01/02/2015, Utilization Review (UR) denied the request for Flexeril 7.5mg #60 (dispensed on 12/03/2014) and Omeprazole 20mg #60 (dispensed on 12/03/2014), noting that the injured worker had been taking Flexeril longer than the recommended treatment duration and there was no clear evidence of clinical effectiveness with its use; and there was no evidence that the injured worker was currently being prescribed an oral non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60 dispensed 12/3/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page(s): 63.

Decision rationale: According to MTUS guidelines, Flexeril, a non sedating muscle relaxants, is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. There is no recent documentation of pain and spasticity improvement. Therefore the request for authorization Flexeril 7.5mg #60 dispensed 12/3/14 is not medically necessary.

Omeprazole 20mg #60 dispensed 12/3/14: Upheld

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

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

Decision rationale: According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for gastrointestinal events 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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, Omeprazole 20mg #60 dispensed 12/3/14 is not medically necessary.