

Case Number:	CM15-0018675		
Date Assigned:	02/06/2015	Date of Injury:	08/19/2004
Decision Date:	03/30/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on August 19, 2004. She has reported being involved in a work related motor vehicle accident. The diagnoses have included cervical discogenic disease with radiculopathy, status post cervical fusion C4-C7, lumbar discogenic disease with radiculopathy, intractable chronic low back pain, and improved headaches. Treatment to date has included cervical fusion, trigger point injections, and medications. Currently, the injured worker complains of neck pain and severe low back pain. The Primary Treating Physician's report dated December 18, 2014, noted the injured worker reporting the medications helped with the pain approximately 50% of the time, and that she could not tolerate the pain anymore. Physical examination was noted to show tenderness to palpation over the right cervicotracheal ridge with right C5-C7 radiculopathy noted. Examination of the lumbar spine revealed spasm, painful and limited range of motion (ROM), and tenderness to palpation across the lumbar spine, with L4-S1 radiculopathy bilaterally. The injured worker was noted to receive an injection of Toradol 60mg intramuscularly for flare up. On January 26, 2015, Utilization Review non-certified Omeprazole 20mg #120 and Cyclobenzaprine 10mg #180, noting that based on the clinical information submitted for review and using the evidence based peer reviewed guidelines, the request was partially certified. The UR Physician noted that there was a lack of documentation of evidence of gastrointestinal (GI) event risks, therefore the request for Omeprazole 20mg #120 was not supported, and the request for Cyclobenzaprine 10mg #180 was noted not supported as the guidelines did not support ongoing use of the medication, therefore the request was partially approved for #90 to allow for

weaning. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 2, 2015, the injured worker submitted an application for IMR for review of Omeprazole 20mg #120 and Cyclobenzaprine 10mg #180.

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 Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk, Pages 68-69.

Decision rationale: Prilosec (Omeprazole) medication is for treatment of the problems associated with erosive esophagitis from GERD, or in patients with hypersecretion diseases. Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole 20mg #120 is not medically necessary and appropriate.

Cyclobenzaprine 10mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Cyclobenzaprine 10mg #180 is not medically necessary and appropriate.