

Case Number:	CM15-0110069		
Date Assigned:	06/16/2015	Date of Injury:	07/22/2014
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/08/2015

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, with a reported date of injury of 07/22/2014. The diagnoses include lumbar sprain/strain with left radicular symptoms, cervical sprain/strain with possible disc herniation, left knee contusion, and left shoulder sprain/strain, rule out internal derangement. Treatments to date have included an MRI of the cervical spine on 05/15/2015 which showed severe spinal canal stenosis, spinal cord compression, partial effacement of cerebrospinal fluid signal around the spinal cord, multilevel moderate to severe facet arthritis, and mild uncovertebral process spur formation; an MRI of the lumbar spine on 04/17/2015 which showed multilevel degenerative disc disease and facet arthrosis. The medical report dated 05/05/2015 indicates that the injured worker reported ongoing left-sided neck and shoulder pain. She also reported ongoing back pain that radiated in the left leg. It was noted that the injured worker reported that the medications were helpful. There was 50% reduction in pain, 50% functional improvement with activities of daily living with the medications versus not taking them at all. She rated her pain 8-9 out of 10, at best 4 out of 10 with medications, and 10 out of 10 without medications. The physical examination showed tenderness over the left shoulder subacromion; crepitus on circumduction on passive range of motion of the left shoulder; positive left shoulder impingement sign; limited neck range of motion in all planes; neck pain with cervical compression that radiated in the left shoulder blade area; limited low back range of motion; positive bilateral straight leg raise test; sensory loss to light touch and pinprick in the left lateral calf and bottom of her foot; full left knee active range of motion; mild crepitus on passive range of motion of the left knee; and mildly painful left patellar compression. The treating

physician requested Flexeril 10mg #30 for back spasms, Omeprazole 20mg #30 for dyspepsia from medications prescribed, and Ibuprofen 800mg #90 for inflammation. The injured worker was told to resume her medication course since it kept her functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #30: Upheld

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

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 Flexeril 10mg #30 is not medically necessary and appropriate.

Omeprazole 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestinal) Symptoms & Cardiovascular Risk 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 #30 is not medically necessary and appropriate.

Ibuprofen 800mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), Specific Drug List & Adverse Effects Page(s): 67, 70 and 72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have adequately addressed the indication to continue this NSAID for this injury as there is functional efficacy derived from treatment rendered enabling the patient to continue functioning. The ibuprofen 800mg #90 is medically necessary and appropriate.