

Case Number:	CM15-0115348		
Date Assigned:	06/23/2015	Date of Injury:	04/04/2001
Decision Date:	07/23/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/15/2015

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: Preventive Medicine, Occupational 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:

This 67 year old female sustained an industrial injury to the neck, back and right shoulder on 4/4/01. Magnetic resonance imaging lumbar spine (7/6/09) showed multilevel discogenic pathology. X-rays lumbar spine (4/2012) showed potential instability with retrolisthesis. Previous treatment included medications and [REDACTED] participation. In a progress report dated 5/13/15, the injured worker complained of low back pain with radiation to bilateral legs, cervical spine pain, right upper extremity pain and right shoulder pain associated with burning and inability to move the joint without pain, soreness and stiffness. The injured worker rated her pain 4-5/10 on the visual analog scale. The injured worker reported substantial benefit from medications with no side effects or complications. The injured worker was awaiting authorization for surgical intervention of the shoulder. Physical exam was remarkable for cervical spine with pain to palpation, secondary myofascial pain with triggering and ropey fibrotic banding and positive Spurling's maneuver, lumbar spine with tenderness to palpation and right shoulder with positive impingement. Current medications included Amrix, Atorvastatin, Coreg, Lasix, Leflunomide, Lisinopril, Nuvigil, Omeprazole, Percocet, Prednisone, Viibryd, Xanax and Xeljanz). Past medical history was significant for anxiety and depression. Current diagnoses included status post bilateral shoulder surgeries, multilevel lumbar spine degenerative disc disease, narcotic dependency, chronic pain syndrome, depression and bilateral rotator cuff arthropathy. The treatment plan included continuing current medications with prescriptions for medications (Amrix, Nuvigil, Omeprazole and Viibryd).

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, One PO QD QTY: 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of omeprazole when using NSAIDs. The request for Omeprazole 20mg, One PO QD QTY: 30 with 3 refills is determined to not be medically necessary.

Amrix 15mg, One PO BID QTY: 60 with 3 refills: 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 Muscle Relaxants (for pain) Section Page(s): 63, 64.

Decision rationale: Amrix is recommended by the MTUS Guidelines for short periods with acute exacerbation, but not for chronic or extended use. These guidelines report that the effect of amrix is greatest in the first four days of treatment. Amrix is associated with drowsiness and dizziness. Chronic use of amrix may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Amrix 15mg, One PO BID QTY: 60 with 3 refills is determined to not be medically necessary.