

Case Number:	CM15-0115487		
Date Assigned:	07/22/2015	Date of Injury:	10/09/2010
Decision Date:	09/23/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/16/2015

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, North Carolina
 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 48 year old male, who sustained an industrial injury on 10/9/2010. The mechanism of injury is injury from an on-duty motorcycle accident. The current diagnoses are brachial neuritis, lumbosacral neuritis, and internal derangement of the knee, impingement of the shoulder, cubital tunnel syndrome, status post release, medial epicondylitis, status post release, carpal tunnel syndrome, status post release, and cervicalgia. According to the progress report dated 3/4/2015, the injured worker complains of sharp neck pain with radiation into the bilateral upper extremities. There are associated headaches that are migrainous in nature as well as tension between the shoulder blades. His pain is unchanged, rated 7/10 on a subjective pain scale. In addition, he reports constant, sharp low back pain with radiation into the bilateral lower extremities. He notes his back pain is improving, rated 3/10. He notes dull, intermittent pain in the right wrist/hand/elbow, which is improving, rated 3/10. He reports constant, throbbing pain in the right knee with associated swelling and buckling. The pain is unchanged, rated 8/10. The physical examination of the cervical spine reveals palpable paravertebral tenderness with spasm, limited range of motion, and positive Spurling's maneuver and axial loading compression test. Examination of the lumbar spine reveals palpable paravertebral tenderness with spasm, guarded and restricted range of motion, and positive seated nerve root test. Examination of the knee reveals tenderness over the joint line, crepitus with painful range of motion, and positive McMurray and patellar grind test. Examination of the elbow/wrist/hand reveals tenderness over the olecranon groove and volar aspect of the wrist. Range of motion is full but painful. The current medications are Nalfon, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. There

is documentation of ongoing treatment with Cyclobenzaprine and proton pump inhibitors since at least 2/12/2014. Treatment to date has included medication management, x-rays, physical therapy, MRI studies, electrodiagnostic testing, Toradol injection, lumbar epidural steroid injection, and surgical intervention. Work status was described as modified duty since at least 1/8/2014. A request for Lansoprazole and Cyclobenzaprine has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lansoprazole 30mg #120: 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 events Page(s): 67-73.

Decision rationale: Lansoprazole is a proton pump inhibitor (PPI) used to treat GI complaints. It can be used in conjunction with NSAIDs when the patient has GI side effects and is over 65 years of age, has a history of GI hemorrhage, peptic ulcer or esophageal disease, is taking ASA, corticosteroids or anticoagulants, and is taking high dose/multiple NSAIDs. In this case, documentation does not demonstrate that the patient is at risk for GI events associated with NSAIDs and has no GI symptoms related to NSAID use. Therefore the request is deemed not medically necessary or appropriate.

Cyclobenzaprine 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Cyclobenzaprine (Flexeril) is a non-sedating muscle relaxant used with caution as a second-line agent for exacerbation of chronic low back pain. It reaches its maximum effect in four days and is recommended for no longer than 2-3 weeks. In this case, the patient has been on Flexeril for at least 12 months, far exceeding guidelines. Within the documentation submitted, there is no quantitative subjective (pain scale) or objective measures (functionality) establishing the efficacy of Flexeril. In addition, there is no evidence of a recent exacerbation of muscle spasm symptoms. Therefore the request is not medically necessary or appropriate.