

Case Number:	CM15-0117594		
Date Assigned:	06/25/2015	Date of Injury:	10/07/2007
Decision Date:	08/25/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/17/2015

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:

The injured worker is a 53 year old male, who sustained an industrial injury on 10/7/07. The diagnoses have included bilateral carpal tunnel syndrome, right shoulder impingement and right epicondylitis and right cubital tunnel. Treatment to date has included medications, activity modifications, and other modalities. Currently, as per the physician progress note dated 5/13/15, the injured worker complains of continued headaches, bilateral wrist pain with weakness, cervical spine pain rated 7/10 on pain scale and right elbow pain rated 6/10 on pain scale. It is noted in the objective findings that the injured worker was having domestic problems and is to see a psychiatrist. There were no other physical findings noted. The physician progress note dated 1/7/15 documented that the objective findings revealed decreased lumbar range of motion. The current medications included Ibuprofen, Prilosec, Flexeril and topical creams. The urine drug screen dated 1/7/15 was inconsistent with the medications prescribed. There are no previous diagnostic reports noted in the records. Work status is permanent and stationary. The physician requested treatments included Retro Flexeril 10 mg #60 and Retro Ibuprofen 800 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Flexeril 10 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine 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 cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. Chronic use of cyclobenzaprine 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. In this case, the injured worker is being treated for chronic pain and there is no evidence of an acute exacerbation of pain, therefore, the request for retro Flexeril 10 mg #60 is not medically necessary.

Retro Prilosec 20 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and 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 Prilosec 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 Prilosec when using NSAIDs. The request for retro Prilosec 20 mg #90 is not medically necessary.