

Case Number:	CM15-0121230		
Date Assigned:	07/01/2015	Date of Injury:	05/21/2002
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/23/2015

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 (n) 56 year old female, who sustained an industrial injury on 5/21/02. She reported pain in her lower back. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included a lumbar MRI on 3/14/13 showing L3-L4 and L4-L5 mild degenerative disc disease with 2mm disc bulges, Morphine Sulfate and physical therapy. Current medications include Generlac, Gabapentin, Nucynta, Omeprazole and Flexeril since at least 11/4/14. As of the PR2 dated 5/19/15, the injured worker reports pain in her lower back that radiates into both lower extremities. She rates her pain a 10/10 without medications and a 6/10 with medications. Objective findings include an antalgic gait and normal muscle tone in the lower extremities. The treating physician requested Omeprazole DR 20mg #30 x 3 refills and Flexeril 10mg #20 x 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole Dr 20mg #30 with 3 refills: 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 Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. In this case, the injured worker has experienced GI upset with the use of NSAIDs and due to advanced age, is at an increased risk for future symptoms. This request, however, is for 3 refills which are not medically necessary as she will be receiving a follow up visit with the physician in 4 weeks for re-evaluation. The request for Omeprazole Dr 20mg #30 with 3 refills is determined to not be medically necessary.

Flexeril 10mg #20 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, 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. In this case, the injured worker has used flexeril in a chronic nature for chronic pain. There is no indication of acute spasm. 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. The request for Flexeril 10mg #20 with 3 refills is determined to not be medically necessary.