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| Case Number: | CM15-0164412 | | |
| Date Assigned: | 09/28/2015 | Date of Injury: | 02/15/2006 |
| Decision Date: | 11/03/2015 | UR Denial Date: | 07/22/2015 |
| Priority: | Standard | Application Received: | 08/21/2015 |

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: Arizona, California

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 57 year old male, who sustained an industrial injury on 2-15-2006. A review of the medical records indicates that the injured worker is undergoing treatment for sprain of unspecified site of elbow and forearm, wrist sprain, status post spinal cord stimulator (SCS) implant, lumbar radiculopathy, cervical radiculopathy, lumbar region postlaminectomy syndrome, displacement of the cervical intervertebral disc without myelopathy, lumbago, and cervical region postlaminectomy syndrome. On 7-1-2015, the injured worker reported low back and neck pain, with continued abdominal pain and bloating. The Secondary Treating Physician's report dated 7-1-2015, noted the injured worker had a history of both failed neck and failed back syndrome with chronic cervical and lumbar symptoms. The injured worker was noted to have daily severe spasms associated with his daily home exercise program (HEP)-stretching program, with Flexeril the only muscle relaxant that had proved helpful for the spasms. Norco was noted to help the injured worker maintain function. Epidural injections were noted to have traditionally been very helpful with the injured worker's neck and arm symptoms allowing him to reduce his medications. The injured worker was noted to have trialed and failed Cymbalta, Gabapentin, and Lyrica. The injured worker was noted to be experiencing significant depression issues due to his severe pain. The injured worker was noted to rate his pain as 10 out of 10 without medication and 3 out of 10 with medication, currently rated 8 out of 10. The medications were noted to be keeping the injured worker functional, allowing for increased mobility and tolerance of activities of daily living (ADLs) and home exercises, with no side effects noted. The injured worker's current medications were listed as Norco, Cyclobenzaprine,

Lidoderm patches, Omeprazole, Zolpidem, and Prednisone. The physical examination was noted to show cervical spine tenderness to palpation of the paraspinals, thoracic upper paraspinals tenderness to palpation, and tenderness to palpation of the lumbar paraspinals. The treatment plan was noted to include follow-up in 4 weeks, "Bilateral L3-4 & L4-5", pain psychological evaluation, and renewal of Omeprazole, Cyclobenzaprine, and Norco, all noted to have been prescribed since at least 10-16-2014. The request for authorization dated 7-8-2015, requested 1 left L3-L4 and L4-L5, 1 pain psychological evaluation, 1 prescription for Norco #90, 1 prescription for Omeprazole 20mg #60 with 2 refills, and 1 prescription for Cyclobenzaprine HCL 10mg #90 with 2 refills. The Utilization Review (UR) dated 7-22-2015, conditionally non-certified the requests for 1 left L3- L4 and L4-L5, 1 pain psychological evaluation, certified the request for 1 prescription for Norco #90, and non-certified the requests for 1 prescription for Omeprazole 20mg #60 with 2 refills, and 1 prescription for Cyclobenzaprine HCL 10mg #90 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Omeprazole 20mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

1 prescription for Cyclobenzaprine HCL 10mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months in combination with opioids and steroid. Continued use of Flexeril (Cyclobenzaprine) with 2 refills is not medically necessary.