

Case Number:	CM15-0176952		
Date Assigned:	09/28/2015	Date of Injury:	05/18/2015
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/08/2015

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 35 year old male, who sustained an industrial injury on 5-18-15. The injured worker is being treated for lumbar region sprain, lumbar radiculitis and right rotator cuff syndrome. Treatment to date has included 6 physical therapy sessions, transcutaneous electrical nerve stimulation (TENS) unit, oral medications including Flexeril and activity modifications. On 7-24-15, the injured worker complains of pain in the low back with radiation to both arms and left leg rated 2-4 out of 10 and described as shooting with pins and needles sensation; he describes the pain as sharp and intermittent with occasional stabbing pains that radiate up the back. He notes his symptoms have improving since his surgery. He is temporarily disabled. Physical exam on 7-24-15 revealed tenderness to palpation over the bilateral paraspinal muscles and limited range of motion of lumbar spine. The treatment plan included request for authorization for epidural steroid injection and authorization for Flexeril 7.5mg #60, Diclofenac XR 100mg #30 and Prilosec 20mg #60. On 8-24-15 a request for Prilosec 20mg #60 and Flexeril 7.5mg 360 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg #60: 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, Prilosec 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 anti-platelet use that would place the claimant at risk. Furthermore, the continued use of Diclofenac for several months can increase GI risks and may not be needed. Therefore, the continued use of Prilosec is not medically necessary.

Flexeril 7.5mg #60: 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 NSAIDs. Continued use of Flexeril (Cyclobenzaprine) is not medically necessary.