

Case Number:	CM15-0027357		
Date Assigned:	02/19/2015	Date of Injury:	03/15/2011
Decision Date:	04/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/13/2015

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: Physical Medicine & Rehabilitation

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 63 year old female injured worker suffered and industrial injury on 3/15/2011. The diagnoses were lumbar disc with radiculitis and degeneration of the lumbar disc and low back pain. The diagnostic studies were lumbar magnetic resonance imaging. The treatments were medications, acupuncture, physical therapy and home exercise program. The treating provider reported complaints of low back pain with right lower extremity pain. On exam the lumbar spine range of motion was reduced with muscle guarding. She was also using a cane for stability. Sensation was decreased to light touch. Straight leg was positive for the left side. She reported stiffness right greater than left but feels weakness on the left leg. The Utilization Review Determination on 1/21/2015 non-certified: 1. Cyclobenzaprine (Flexeril) 7.5mg #90, MTUS. 2. Omeprazole Delayed Release (Prilosec DR) 20mg #120, MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine (Flexeril) 7.5mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41-42, 68.

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

Decision rationale: This patient presents with continued low back pain and right lower extremity pain. The current request is for Cyclobenzaprine (Flexeril) 7.5 mg #90. The MTUS chronic pain medical treatment guidelines, pages 63-66 states, "muscle relaxant: recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS Guidelines indicate that muscle relaxants such as cyclobenzaprine are appropriate for acute exacerbations of low back pain. It does not recommend its use for longer than 2 to 3 weeks. In this case, the patient has been utilizing cyclobenzaprine since at least 04/18/2014; which exceeds what is recommended by MTUS. The request is not medically necessary.

Omeprazole Delayed Release (Prilosec DR) 20mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risks Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: This patient presents with low back pain and right lower extremity pain. The current request is for omeprazole delayed release-Prilosec DR-20 mg #120. Review of the medical file indicates the patient has been utilizing omeprazole since at least 04/18/2014. The patient's current medications include cyclobenzaprine, omeprazole, Lyrica, atenolol, hydrochlorothiazide, amlodipine, nabumetone, Cozaar, Lasix, and vitamin D supplements. Nabumetone is an NSAID and it appears the patient has been utilizing it on a long term basis. The MTUS Guidelines page 68 and 69 state that omeprazole is recommended with precaution for patients for gastrointestinal events including: ages greater than 65, history of peptic ulcer disease and GI bleeding or perforation, concurrent use of ASA or corticoid and/or anticoagulant, high dose/multiple NSAID. In this case, the patient has been utilizing NSAID on a long term basis; however, the treating physician has not provided any discussion regarding GI issue such as gastritis, ulcers, or reflux that require the use of this medication. This request is not medically necessary.