

Case Number:	CM15-0062555		
Date Assigned:	04/08/2015	Date of Injury:	07/10/2009
Decision Date:	05/20/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 62 year old female who sustained an industrial injury on 07/10/2009. Diagnoses include cervical disc disease, lumbar disc disease, lumbar radiculopathy and lumbar facet syndrome, bilateral shoulder impingement syndrome, right knee internal derangement, chronic pain syndrome, gastroesophageal reflux disease, and anxiety and depression. Treatment to date has included diagnostic studies, medications, lumbar epidural steroid injection, physical therapy, and aquatic therapy. A physician progress note dated 11/24/2015, documents the injured worker complains of pain in her cervical spine, bilateral shoulders, lumbosacral spine and right knee. She has tenderness over the rotator cuff and trapezius muscles left greater than right. The range of motion of both shoulders is restricted, and she has a positive apprehension test on the left shoulder and positive impingement sign on the left shoulder. Her lumbar spine has limited range of motion in flexion, extension, and right and left lateral flexion. There is tenderness with spasm over the paravertebral area, and over the right sacroiliac joint, and bilateral sciatic notches. The injured worker has a positive Kemp test and straight-leg raising test is positive at 45 degrees on the right. Treatment requested is for Flexeril 10mg #60 with 2 refills, Norco 10/325mg #120 with 2 refills, and Prilosec 20mg #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Guidelines recommend opiates for treatment of moderate to severe pain with documented objective evidence of derived functional benefit. In this case, there is no documented symptomatic or functional improvement from its previous usage. The request for Norco 10/325 mg #120 is not medically necessary.

Flexeril 10mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

Decision rationale: Guidelines note that nonsedating muscle relaxants are recommended as a second line option for short-term treatment of acute exacerbations in patients with chronic lower back pain. Muscle relaxants are no more effective than NSAIDs alone according to guidelines. In this case, there is no documentation of spasm relief from use of this medication and there is insufficient documentation contraindicating the use of NSAIDs for this patient's pain. The request for Flexeril 10 mg #60 with 2 refills is not medically necessary.

Prilosec 20mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Proton-pump inhibitors.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: Guidelines recommend proton-pump inhibitors for patients taking NSAIDs with documented gastrointestinal distress symptoms or GI risk factors. In this case, there is no documentation of GI distress symptoms. The request for Prilosec 20 mg #30 with 2 refills is not medically necessary.