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| Case Number: | CM15-0068095 | | |
| Date Assigned: | 04/15/2015 | Date of Injury: | 12/26/2014 |
| Decision Date: | 05/14/2015 | UR Denial Date: | 03/17/2015 |
| Priority: | Standard | Application Received: | 04/10/2015 |

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: North Carolina, Georgia
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 34 year old female with an industrial injury dated December 26, 2014. The injured worker diagnoses include neck pain radiating to the left shoulder, localized low back pain, paresthesia in the left hand and previous neck injury resolved with epidural in 2009. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/02/2015, the injured worker reported neck and low back pain. The injured worker reported her pain level a 7-8/10 before medication and a 4-5/10 with the medication. Objective findings revealed tenderness in the lower paracervical muscles, mildly decreased cervical range of motion, mild tenderness in paraspinal muscles of the lumbar, decreased sensation in first three fingers of left hand and decreased grasp in right hand. Thoracic exam revealed significant tenderness around the scapula. The treating physician prescribed Prilosec 20mg and Flexeril 7.5mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg QTY: 60.00: Overturned

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 Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does document a history to indicate a moderate or high risk for gastrointestinal events. Prilosec therefore is medically necessary.

Flexeril 7.5mg QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Flexeril. This is not medically necessary and the original UR decision is upheld.