

Case Number:	CM15-0076826		
Date Assigned:	04/28/2015	Date of Injury:	02/25/2014
Decision Date:	06/09/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/22/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 53-year-old who has filed a claim for chronic low back, chest, and shoulder pain reportedly associated with an industrial injury of February 20, 2014. In a Utilization Review report dated April 14, 2015, the claims administrator retrospectively denied requests for Prilosec and Flexeril apparently dispensed on February 19, 2015. The applicant's attorney subsequently appealed. On May 4, 2014, the applicant underwent electrodiagnostic testing which was interpreted as notable for mild bilateral carpal tunnel syndrome (CTS). On February 23, 2015, the applicant was evaluated by an Agreed Medical Evaluator (AME), owing to ongoing complaints of neck and shoulder pain. The applicant was placed off of work, on total temporary disability. The medical-legal evaluator did allude to historical progress notes interspersed throughout 2014 which did allude to the applicant's having used Mobic and Motrin at various points in time. The applicant's medication list included Prilosec, tramadol, Flexeril, and flurbiprofen, the treating provider then stated towards the top of the report. The applicant's past medical history was unremarkable, it was stated. There was no explicit mention of the applicant experiencing issues with reflux, heartburn, and/or dyspepsia. In a November 7, 2014 progress note, the applicant was asked to pursue electrodiagnostic testing of the right upper extremity and MRI imaging of the right shoulder. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective pharmacy purchase of Omeprazole(Prilosec) 20mg #60 DOS: 2/19/15:

Upheld

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

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

Decision rationale: No, the request for Prilosec, a proton pump inhibitor, was not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of the applicant personally experiencing issues with reflux, heartburn, and/or dyspepsia on multiple progress notes, referenced above. Therefore, the request was not medically necessary.

Retrospective pharmacy purchase of Cyclobenzaprine (Flexeril) 7.5mg #90 DOS: 2/19/15:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Similarly, the request for cyclobenzaprine (Flexeril) was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Flexeril to other agents is 'not recommended.' Here, however, the applicant was using a variety of other agents, including tramadol, Prilosec, oral flurbiprofen, etc., a medical-legal evaluator reported on February 23, 2015. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It was further noted that the 90-tablet supply of cyclobenzaprine at issue represents treatment in excess of the 'short course of therapy' for which cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.