

Case Number:	CM15-0077822		
Date Assigned:	04/29/2015	Date of Injury:	12/07/2012
Decision Date:	06/10/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/23/2015

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: Pennsylvania, Ohio, 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 injured worker is a 49 year old male with an industrial injury dated 12/17/2012. His diagnoses included cervical muscle spasm, cervical radiculopathy, cervical sprain/strain, lumbar annular tear, lumbar disc protrusion, lumbar radiculopathy, left knee sprain/strain and loss of sleep. Prior treatment included epidural steroid injection, diagnostics and medications. He presented on 02/17/2015 with complaints of neck, lower back and left knee pain. Physical exam revealed tenderness, muscle spasm and decreased range of motion of the cervical spine. Lumbar spine was also tender on exam with muscle spasm and decreased range of motion. Range of motion of left knee was decreased and painful. Treatment plan included muscle relaxants, anti-inflammatory medications and medication for gastrointestinal symptoms related to non-steroidal and-inflammatory medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole (Prilosec) 20mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and GI Symptoms Page(s): 68.

Decision rationale: MTUS recommends use of a proton pump inhibitor or H2 blocker for gastrointestinal prophylaxis if a patient has risk factors for gastrointestinal events. An initial review notes there are no subjective or objective factors to support this request. However multiple treating physician notes through 2/17/15 discuss the use of Omeprazole for NSAID gastritis, which is supported by this guideline. Therefore this request is medically necessary.

Cyclobenzaprine 10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants/Flexeril Page(s): 63-64.

Decision rationale: MTUS recommends the use of non-sedating muscle relaxants for short-term use only. This guideline recommends Cyclobenzaprine/Flexeril only for a short course of therapy. The records in this case do not provide an alternate rationale to support longer or ongoing use. This request is not medically necessary.

Naprosyn (Anaprox) 550mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs, Naproxen (Naprosyn).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as a first-line drug class for chronic musculoskeletal pain. An initial physician review states that the records do not contain subjective or objective factors to support this request. However multiple treating physician notes through 2/17/15 discuss the use of Naprosyn for ongoing multi-factorial neck and low back pain, which is supported by this guideline. Therefore this request is medically necessary.