

Case Number:	CM15-0094393		
Date Assigned:	05/21/2015	Date of Injury:	04/10/2014
Decision Date:	06/26/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/17/2015

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: 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 48-year-old female who sustained an industrial injury on 04/10/2014. Diagnoses include lumbosacral myoligamentous sprain/strain, L3-4 4mm left foraminal and lateral disc protrusion contacting the left L3 nerve root, cervical myoligamentous sprain/strain and mild mechanical discogenic neck pain. Treatment to date has included medications, acupuncture and physical therapy. According to the progress report dated 4/27/15, the injured worker reported moderate low back and neck pain rated 3-4/10. Stated she had a flare-up of symptoms the previous week, but was feeling better. On examination, the lumbar spine was mildly tender to palpation over the paraspinal muscles and at the sacroiliac joint, with mild muscle spasms on the left. Range of motion was reduced. A request was made for Omeprazole 20mg, #30 to prevent gastrointestinal upset and Flexeril 10mg, #30 for muscle spasms as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg, #30: Upheld

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 NSAIDs, GI Symptoms & Cardiovascular risk Page(s): 68-69.

Decision rationale: Regarding Omeprazole, the CA MTUS recommend using a proton pump inhibitor with a prescribed non-steroidal anti-inflammatory medication for the patients at risk for gastrointestinal events. Proton pump inhibitors (PPI) are a class of medications that reduce gastric acid secretion. This class of medication is widely utilized for the management of esophageal reflux disorders, and is also used to prevent gastric ulcerations associated with long-term use of non-steroidal anti-inflammatory medications (NSAIDs). Recent studies have linked the use of this medication to an increased risk of fracture. As such, the use of this medication should be limited to patients who are at a high risk of gastrointestinal events. A review of submitted reports indicates that the patient is 48 years old and the medical records do not establish that she is at risk for developing gastrointestinal events. There is no indication of history of peptic ulcer, gastrointestinal bleeding or perforation. This medication is being prescribed to prevent gastrointestinal upset. While the injured worker is noted to be prescribed non-steroidal anti-inflammatory medication, the medical records do not establish evidence of gastritis with the use of the non-steroidal anti-inflammatory medication and a proton pump inhibitor for prophylaxis purposes is not supported. The request for Omeprazole 20mg, #30 is not medically necessary and appropriate.

Flexeril 10mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine (Flexeril) Page(s): 41, 63-66.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is recommended as an option, using a short course of therapy. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The medical records note that the injured worker has sustained a flare-up and examination has demonstrated muscle spasm. The medical records do not establish that Flexeril is being prescribed on a chronic basis. The request for Flexeril to address the recent exacerbation is supported. The request for Flexeril 10mg, #30 is medically necessary and appropriate.