

Case Number:	CM15-0098239		
Date Assigned:	05/29/2015	Date of Injury:	11/02/1995
Decision Date:	06/29/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/21/2015

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: Arizona, 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 (IW) is a 67-year-old male who sustained an industrial injury on 11/02/1995. Diagnoses include displacement of lumbar intervertebral disc without myelopathy, lumbosacral spondylosis without myelopathy and other symptoms referable to the back. Treatment to date has included medications and medial branch nerve blocks. According to the PR2 dated 4/24/15, the IW reported constant numbing pain in the lower back with pins and needles sensation and a feeling of pressure. The pain radiated to the bilateral lower extremities. He rated the pain 7/10, and stated his medications could reduce the pain to 4-5/10. Without medications, his pain would be 9/10 and he could not function. On examination, the IW walked with a cane. Lumbar spine range of motion was slightly decreased in lateral flexion and there was a mild decrease in strength of the right hamstring and bilateral hip flexors and hip extensors. Achilles reflexes were trace bilaterally. Straight leg raise was negative bilaterally. A request was made for Omeprazole 20mg, #30 and Cyclobenzaprine 5mg, #60 to treat the effects of the IW's accepted industrial injury. All other requested treatment have been previously certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg #30 (once per day): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS and PPI Page(s): 67.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. The claimant had been using Omeprazole in combination with NSAIDs and Tramadol. There was no indication for NSAID weaning failure to decrease the use Of Omeprazole. Therefore, the continued use of Omeprazole is not medically necessary.

Cyclobenzaprine 5mg #60 (twice per day): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with NSAIDs and Tramadol. Continued use is not medically necessary.