

Independent Medical Review Final Determination Letter

2826

Dated: 12/30/2013

IMR Case Number:	CM13-0022835	Date of Injury:	03/02/2009
Claims Number:	[REDACTED]	UR Denial Date:	08/22/2013
Priority:	STANDARD	Application Received:	09/10/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
OMEPRAZOLE TOPICAL CREAM FLEXERIL			

DEAR [REDACTED]

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology has a subspecialty in Cardiovascular Disease and is licensed to practice in California and Texas. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male who reported an injury on 03/02/2009. The patient is currently diagnosed with status post thoracolumbar fusion surgery in 2009; status post left shoulder surgery in 2012, cervical disc syndrome, thoracic spine disc syndrome, left shoulder rotator cuff syndrome, lumbar spine spondylosis, bilateral upper extremity radiculitis, and bilateral lower extremity radiculitis. The patient was seen by Dr. [REDACTED] on 09/13/2013. The patient complained of 8/10 neck pain, 8/10 bilateral shoulder pain, and 8/10 low back pain with radiation to bilateral upper and lower extremities. The patient has received 1 cortisone injection to the left shoulder, 2 lumbar epidural steroid injections, physical therapy, and chiropractic treatment. Physical examination revealed decreased cervical range of motion, decreased sensation at C5-7, tenderness to palpation of the left shoulder, decreased range of motion of bilateral shoulders, positive Neer's and Hawkins testing on the left, decreased motor strength on the left, tenderness with spasm upon palpation of bilateral thoracic and lumbar paravertebral muscles, and 5/5 motor strength of bilateral lower extremities. Treatment recommendations included continuation of current medications.

IMR DECISION(S) AND RATIONALE(S)

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

1. Flexeril is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Muscle Relaxants Section, pages 63-66, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients with chronic low back pain. Cyclobenzaprine is recommended for a short course of therapy and is not recommended to be used longer than 2 to 3 weeks. As per the clinical notes submitted, the employee continues to report high levels of pain with activity limitations and sleep disturbance, despite the ongoing use of this medication. Satisfactory response to treatment has not been indicated. There is also no evidence of a failure to respond to previous first-line treatment prior to initiation of a second-line muscle relaxant. Continuation of his medication cannot be determined as medically appropriate. **The request for Flexeril is not medically necessary and appropriate.**

2. Omeprazole is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, NSAIDS Section, pages 68-69, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. As per the clinical notes submitted, the employee was recently evaluated by Dr. [REDACTED] on 10/04/2013. Physical examination did reveal 3+ tenderness to palpation over the right upper quadrant, epigastric, and umbilical regions. The employee does maintain a diagnosis of gastroesophageal reflux disease and gastritis. However, the employee's current medications did not include omeprazole. The employee's current gastrointestinal medication regimen includes Gaviscon, Citrucel, Colace, and probiotics. The employee has been advised to avoid NSAID medications. Based on the clinical information received, the employee does not currently meet criteria of the use of a proton pump inhibitor. **The request for Omeprazole is not medically necessary and appropriate.**

3. Topical cream is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is not part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Topical Analgesics Section, pages 111-113, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended as a whole. As per the clinical notes submitted, there is no evidence of a failure to respond to previous oral antidepressants and anticonvulsants prior to the initiation of a topical

analgesic. Therefore, the employee does not currently meet criteria for the use of a topical analgesic. **The request for topical cream is not medically necessary and appropriate.**

/JR

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

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