

<b>Case Number:</b>	CM13-0011181		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	09/17/2003
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	07/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/14/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

This is a 59 year-old male with a 9/17/2003 industrial injury claim. On 7/25/13 UR reviewed the 7/9/13 report from [REDACTED] and denied a request for Prilosec and modified a request for Flexeril to allow #45. The 7/9/13 PR2 from [REDACTED] is in check-box format, and the diagnoses are not legible, but appears to have something to do with bilateral knees, lumbar spine and cervical spine. The prior PR2 from [REDACTED] is dated 5/21/13 and appears to be the same as 7/9/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009), NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-69.

**Decision rationale:** The patient presents with some condition involving the bilateral knees, cervical and lumbar spine. I have been asked to review for necessity of Prilosec. There is no discussion or rationale or legible diagnoses on the PR2 reports from [REDACTED]. The boxed-label

indication for Prilosec is GERD (Gastroesophageal Reflux Disease). There is no mention that the patient currently has GERD. MTUS allows use of a PPI (Proton Pump Inhibitor) if there is dyspepsia from NSAIDs (Non Steroidal Anti Inflammatory Drugs). There is no mention of dyspepsia on any of the PR2 reports. MTUS allows for use of a PPI on a prophylactic basis, if the patient is found to be at risk for GI( Gastro Intestinal) events. But the PR2 do not discuss any of the MTUS risk factors for GI events. The use of Prilosec is not in accordance with the boxed-label indications, or the MTUS guidelines. Therefore the request for Prilosec 20mg # 60 is not medically necessary and appropriate.

**FLEXERIL 7.5MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (2009), Muscle Relaxants (For Pain) Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The patient presents with some condition involving the bilateral knees, cervical and lumbar spine. I have been asked to review for necessity of Flexeril 7.5mg #90. The 7/9/13 PR2 is in check box format and the treatment plan is checked for Flexeril 7.5mg tid., #90. This is a 30-day supply. MTUS states Flexeril is not recommended over 3-weeks. The request for a 30-day supply exceeds MTUS recommendations. Therefore, the request for Flexeril 7.5mg #90 is not medically necessary and appropriate.