

<b>Case Number:</b>	CM13-0011817		
<b>Date Assigned:</b>	11/20/2013	<b>Date of Injury:</b>	01/17/2008
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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, Cardiology and is licensed to practice in 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. 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:

The patient is a 47-year-old female who reported an injury on 01/07/2008. The mechanism of injury was noted as a coworker let go of a bench, causing the bench to fall and land on the patient's hand. The patient has complained of bilateral elbow pain. The physical exam findings include tenderness to palpation along the lateral epicondyle bilaterally, normal range of motion to the bilateral elbows, positive Tinel's sign bilaterally, resistive muscle weakness of the upper extremities bilaterally, and normal sensory exam over the ulnar, radial, and median nerve dermatomes bilaterally. Her diagnoses are listed as bilateral elbow epicondylitis, stress, and hypertension. Her medications are listed as Cyclobenzaprine 7.5 mg at bedtime as needed, Omeprazole 20 mg daily, Anaprox 550 mg twice a day as needed, and Vitalee. It was also noted that the patient was using a transdermal compound to be applied as directed over the affected musculoskeletal structures. &uacute;

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5, #30 prn qhs, Qty.1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** California MTUS Guidelines state that Cyclobenzaprine is recommended as an option for a short course of therapy. It further states that the effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. There is also postoperative use; however, treatment should be brief. Additionally, it is stated that the addition of Cyclobenzaprine to other agents is not recommended. As the patient has been noted to be taking this medication long term, and the guidelines state that this medicine should only be used for a short course of therapy, continued use is not supported. More over, the patient is stated to be taking other medications, and the guidelines state that Cyclobenzaprine should not be added to other agents. For these reasons, the request is non-certified.

**Omeprazole 7.5, #30 qd, Qty. 1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state that a proton pump inhibitor is recommended for patients who are taking NSAID medications and are at risk for gastrointestinal events. Patients at risk for gastrointestinal events include patients over the age of 65, patients with a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or patients taking high doses or multiple NSAID medications. The patient was noted to be taking Anaprox 550 mg twice a day as needed; however, the patient was not shown in the documentation to have any of the risk factors for gastrointestinal events. In the absence of these risk factors stated by the guidelines, the use of a proton pump inhibitor is not supported. Therefore, the request is non-certified.