

<b>Case Number:</b>	CM13-0029425		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	09/07/2007
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2013

### 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, and is licensed to practice in New York. 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 pt. is a 41 year old male with a history of injury on 9/7/07. He has diagnoses of myalgias, lumbar and cervical spondylosis, degenerative disc disease and medicine related dyspepcia. The patient complaint of left arm pain, neck pain, and back pain. He has been on Fioricet, Tramadol, Omeprazole, Naprosyn, zanaflex, and Hydrocodone. A request was made for Zanaflex and Omeprazole. Utliziation review rejected the request on 9/20/13. An appeal was placed on 9/23/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zanaflex 4mg, QTY: 30.00:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation PDR (Physicians' Desk Reference)

**Decision rationale:** The MUTS guidelines stated that muscle relaxants seem no more effective than nonsteroidal anti-inflammatory drugs (NSAIDS) for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit, although

they have been shown to be useful as antispasmodics. Side effects including drowsiness have been reported in up to 30% of patients taking muscle relaxants. Muscle relaxants act on the central nervous system and have no effect on peripheral musculature. They may hinder return to function by reducing the patient's motivation or ability to increase activity. The PDR (Physicians' Desk Reference) states that this medicine is indicated for short term treatment of spasticity. The patient has been on this medication back to at least 3/11/13. Based on these guidelines, the request for Zanaflex is not certified.

**Omeprazole 20mg, QTY: 30.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR (Physicians' Desk Reference)

**Decision rationale:** According to the Physicians' Desk Reference (PDR) guidelines, omeprazole is indicated for short-term treatment of active duodenal ulcer (DU) and active benign gastric ulcer (GU) in adults. The treatment of heartburn and other symptoms associated with gastroesophageal reflux disease (GERD) in adults and pediatric patients. Short-term treatment and maintenance of healing of erosive esophagitis (EE) in adults and pediatric patients. Long-term treatment of pathological hypersecretory conditions (eg, Zollinger-Ellison syndrome, multiple endocrine adenomas, systemic mastocytosis) in adults. The guidelines recommend to use lowest dose and shortest duration appropriate to the condition being treated. This patient has no documented history of ulcer or gastritis and has been on the medicine since at least 3/11/13. Based on these guidelines, the request is not certified.