

<b>Case Number:</b>	CM13-0031001		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/17/2011
<b>Decision Date:</b>	01/24/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2013

### 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, has a subspecialty in Pulmonary Disease 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 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 48-year-old male who reported an injury on 02/17/2011. The patient has had ongoing treatments for low back pain that radiates down to the right foot with pins and needles and tingling, weakness, and some swelling in the right foot noted. The patient has been utilizing oral medications such as Valium, Neurontin, Norco, and a muscle relaxer the help relieve his pain. The patient's is also taking Coumadin due to a diagnosis of DVTs. The documentation dated 05/02/2013 notes the patient was being referred to the spinal surgeon, was utilizing a walker for ambulation, and was being referred to aquatic therapy 2 times a week for 4 weeks. According to the request, the doctor had written a prescription for cyclobenzaprine 7.5 mg and Omeprazole on 05/02/2013. However, there is nothing in the documentation stating anything regarding medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg, #9 between 5/2/2013 and 5/2/2013:** 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 Cyclobenzaprine (Flexeril® Page(s): 41-42.

**Decision rationale:** According to California MTUS Guidelines cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is noted to be more effective than placebo in the management of back pain; the affect is modest and comes with a price of greater adverse effects. The affect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. The request was for a prescription of cyclobenzaprine 7.5 mg supposedly written on the date of 05/02/2013. However, after reviewing the documentation from that date, there is nothing indicating the physician wrote a prescription for medication of any sort. Up until that date, the patient had been noted as taking Valium, Norco, Neurontin, and a 'muscle relaxer'; however the muscle relaxer was unnamed. As it is, Valium is a muscle relaxer though it falls under the benzodiazepine family. The only other time the Flexeril was mentioned was in a progress report dated 09/03/2013. However, there was nothing throughout the documentation indicating the dosage on this medication, nor a prescription or any objective information pertaining to the patient's use of this medication. Therefore, at this time, it is unclear if this patient is even taking cyclobenzaprine as there is nothing indicated on the documentation dated 05/02/2013 that the physician even wrote a prescription for this medication. As such, at this time, the requested service cannot be warranted due to lack of information. As such, the requested service is non-certified.

**Omeprazole 20mg, #6 between 5/2/2013 and 5/2/2013:** 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, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** According to California MTUS Guidelines, patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole may be beneficial in preventing gastric upset while a patient is taking certain medications. The request was for a prescription of Omeprazole 20mg, #6 supposedly written on the date of 05/02/2013. However, after reviewing the documentation from that date, there is nothing indicating the physician wrote a prescription for Omeprazole. Up until that date, the patient had been noted as taking Valium, Norco, Neurontin, and a muscle relaxer. There was nothing throughout the documentation indicating the dosage on this medication, nor a prescription or any objective information pertaining to the patient's use of this medication. Furthermore, there is nothing indicating the patient has any sort of gastrointestinal issues that would necessitate the use of this medication. If it is for the sole purpose of preventing gastric upset due to Opioid use, then it is not recommended under CA MTUS guidelines. As such, at this time, the requested service cannot be warranted due to lack of information. As such, the requested service is non-certified.