

<b>Case Number:</b>	CM13-0034598		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2013

### 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 Family Practice 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 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:

The injured worker is a 52 year-old male who reported an injury on 07/02/2012 and the mechanism of injury was from a fall. The current diagnosis is lumbago. There were no clinical records submitted to review for the previous history and current clinical findings. The request is for cyclobenzaprine hydrochloride 7.5mg, #60, omeprazole 20mg, #60, and norco 10/325mg, #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON CYCLOBENZAPRINE, (FLEXERIL), Page(s): 41.

**Decision rationale:** The California MTUS Guidelines indicate that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. This medication is not recommended to be used for longer than 2-3 weeks. The documentation provided fails to indicate how long the patient has been taking the cyclobenzaprine and if the medication is improving his functional

status. The information fails to indicate the frequency that the medication is to be taken. Therefore, the request for cyclobenzaprine hydrochloride 7.5mg, #60 is not medically necessary

**OMEPRAZOLE 20MG, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OMEPRAZOLE: NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 6.

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

**Decision rationale:** The California MTUS Guidelines indicate indicate that proton pump inhibitor are recommend if the patient is at risk for gastrointestinal events with history of peptic ulcers or GI bleeding or perforation. The documentaion provided fails to indicate if the injured is at risk for gastrointestinal events. The documentation also fails to indicated the frequency that the omeprazole 20mg should be taken. Therefore, the request for omeprazole 20mg, #60 is not medically necessary.

**NORCO 10/325MG, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NORCO: HYDROCODONE/ACETAMINOPHEN Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION ON OPIOIDS Page(s): 91,78.

**Decision rationale:** The California MTUS Guidelines indicate that hydrocodone/acetaminophen is recommended for moderate to moderately severe pain. 4A's should be assessed to include pain relief, improved function, side effects and aberrant behaviors. The documentation provided fails to indicate the injured workers current pain level and if the medication is improving his functional status. The information also fails to indicate the frequency that the medication is to be taken. Therefore, the request for norco 10/325mg, #120 is not medically necessary.