

<b>Case Number:</b>	CM13-0038771		
<b>Date Assigned:</b>	03/19/2014	<b>Date of Injury:</b>	06/07/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 Pediatric Rehabilitation Medicine, 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 67 year-old female who reported an injury on 06/07/2011. The mechanism of injury was that the injured worker tried to sit on a stool to write, and the stool moved to the side, causing the patient to fall to the floor. The injured worker's medication history included cyclobenzaprine, Prilosec and Norco as of 04/2013. The documentation of 08/12/2013 revealed that the injured worker had complaints of left wrist weakness, swelling and increased pain with gripping, grasping and lifting. The injured worker had complaints of spasms that were increased with activities of daily living, repetitive motion, lifting and gazing. The injured worker was noted to be taking Norco 2.5/325 mg twice a day. The injured worker rated her pain at a 3/10 with medications and a 9/10 without medications. It was indicated that the injured worker was taking Fexmid 7.5 mg twice a day and Prilosec 20 mg once a day due to heartburn. The physical examination revealed that the injured worker had tenderness to palpation with spasms over the paravertebral musculature with moderate muscle guarding. The straight leg raise test was positive, eliciting radicular symptoms to the left lower extremity. The injured worker's diagnoses included a left wrist/thumb sprain/strain with a possible carpometacarpal ulnar collateral ligament tear, inflammation of the extensor pollicis longus tendon and 1st carpometacarpal hypertrophy/effusion. The treatment plan included to refill Norco 2.5/325 mg, Fexmid 7.5 mg and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5MG, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 63.

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective benefit of the medication. The clinical documentation submitted for review indicated that the injured worker had been on the medication for 4 months. There was a lack of documentation of objective benefit of the medication. Given the above, the request for cyclobenzaprine 7.5 mg #60 is not medically necessary.

**PRILOSEC 20MG, #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, Page(s): 69.

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

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated that the patient's medications caused heartburn. The injured worker had been on the PPI for more than 4 months and is not complaining of GERD symptoms. Given the above, the request for Prilosec 20 mg #30 is medically necessary.