

<b>Case Number:</b>	CM13-0039309		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	11/24/2001
<b>Decision Date:</b>	03/25/2014	<b>UR Denial Date:</b>	09/24/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/04/2013

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 claimant is a 63-year-old male presenting with low back and left hip pain following a work related injury on 11/24/2001. The claimant has a history of L4-S1 fusion. The claimant complained of left sided numbness and tingling. The physical exam was significant for lumbar tenderness, tenderness to the left trapezius and muscle spasms throughout the lumbar paraspinals. The claimant was treated with medication and activity modification. The claimant's medications include Duragesic, Norco, Flexeril, Pamelor, Gabapentin, Priolosec, and Dulcolax. The claimant was diagnosed with status post L4-S1 fusion, left sacroiliitis, facet arthrosis, DDD (degenerative disc disease) L2-3 and L3-4, and chronic low back pain. A claim was made for Omeprazole and Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg, #60:** 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 Section NSAIDs (Nonsteroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID (Nonsteroidal anti-inflammatory drugs) use. According to MUTs, long term use of PPI (Proton-pump inhibitors), or misoprostol or Cox-2 selective agents have been shown to increase the risk of Hip fractures. The MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI (gastrointestinal) effects of another line of agent should be used for example acetaminophen. From the document submitted for review, there is no documentation of gastrointestinal disorder requiring PPI or the use of NSAID associated gastrointestinal disorder. Omeprazole is therefore, not medically necessary.

**Cyclobenzaprine 7.5, #30:** 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 Section Anti-spasmodics Page(s): 64.

**Decision rationale:** Cyclobenzaprine 7.5mg is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.