

<b>Case Number:</b>	CM13-0055282		
<b>Date Assigned:</b>	01/31/2014	<b>Date of Injury:</b>	11/29/2011
<b>Decision Date:</b>	05/23/2014	<b>UR Denial Date:</b>	11/15/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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; Pain Management has a subspecialty in Interventional Spine 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 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 patient is a 42 year old female with an injury date on 11/29/11. Based on the 09/12/13 progress report provided by [REDACTED] the patient's diagnosis include cervical strain, radiculitis in the left upper extremity, frozen left shoulder, left shoulder impingement syndrome, left should tendinitis, left shoulder AC joint synovitis, low back pain, and left knee/ankle sprain. [REDACTED] is requesting for the following: 1) Cyclobenzaprine 7.5 mg #30 2) Omeprazole 20 mg #30 The utilization review determination being challenged is dated 11/15/13 and recommends denial of both the Cyclobenzaprine and Omeprazole. [REDACTED] is the requesting provider, and he provided treatment reports from 07/11/13- 12/20/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE 7.5 MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG) Muscle Relaxants Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle Relaxants Page(s): 63-64.

**Decision rationale:** According to the 09/12/13 progress report by [REDACTED], the patient presents with cervical strain, radiculitis in the left upper extremity, frozen left shoulder, left shoulder impingement syndrome, left should tendinitis, left shoulder AC joint synovitis, low back pain, and left knee/ankle sprain. The request is for cyclobenzaprine 7.5 mg #30. This 09/12/13 progress report is the first report to mention the prescription of cyclobenzaprine. The 12/20/13 progress report by [REDACTED] states that the patient's medications were giving her functional improvement and pain relief; however, none of the reports specifically mention the impact cyclobenzaprine had on the patient. According to the MTUS guidelines, Cyclobenzaprine are "not recommended to be used for longer than 2-3 weeks." Based on the review of the reports, the patient appears to be prescribed this medication on a long-term basis. There is also no evidence or documentation that it has done anything for the patient's pain or spasms. The request for Cyclobenzaprine 7.5mg is not medically necessary.

**OMEPRAZOLE 20 MG #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 NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 69.

**Decision rationale:** According to the 09/12/13 progress report by [REDACTED], the patient presents with cervical strain, radiculitis in the left upper extremity, frozen left shoulder, left shoulder impingement syndrome, left should tendinitis, left shoulder AC joint synovitis, low back pain, and left knee/ankle sprain. The request is for omeprazole 20 mg #30. The 08/08/13 progress report by [REDACTED] is the first progress report to mention the patient taking omeprazole. The treater does not document any GI side effects. There are no profiling of the patient's risk factors. Based on review of the records, It cannot be determined if this patient is at any risk of GI side effects from long-term use of Motrin. MTUS does not recommend routine use of GI prophylaxis without documentation of risk. The request for Omeprazole 20mg is not medically necessary.