

<b>Case Number:</b>	CM13-0055790		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	03/25/2002
<b>Decision Date:</b>	05/02/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2013

### 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 Internal Medicine, has a subspecialty in Pulmonary Diseases 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 injured worker is a 62-year-old female who reported an injury on 03/25/2002. The mechanism of injury was not stated. The injured worker is diagnosed as status post cervical spine fusion, instability of the cervical spine, increasing lumbosacral spine pain with radiculopathy, myofascial pain, pseudoarthrosis of the cervical spine, multilevel lumbar disc degeneration, postoperative infection, and cervicogenic headaches. The injured worker was seen by [REDACTED] on 11/25/2013. The injured worker reported ongoing neck pain, low back pain, and shoulder pain. Physical examination revealed decreased sensation and grip strength in the right upper extremity, limited cervical range of motion, and 4/5 strength in bilateral lower extremities. Treatment recommendations included continuation of current medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DEXILLANT 60MG QUANTITY 80.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the documentation submitted, the injured worker's current medication list does not include Dexilant 60 mg. There is no evidence of this injured worker's previous or active utilization of this medication. Therefore, the request is non-certified.

**PRILOSEC 20MG QUANTITY 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 68-69. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 68-69

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker

**ROBAXIN 500 MG QUANTITY 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. As per the documentation submitted, the injured worker has utilized Robaxin 500 mg since at least 02/2013. Despite ongoing use, the injured worker continues to report persistent pain. As guidelines do not recommend long term use of this medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.