

<b>Case Number:</b>	CM13-0058623		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	08/21/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/27/2013

### 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 and is licensed to practice in Illinois. 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 37-year-old male who reported an injury on 08/21/2012. The mechanism of injury was that the injured worker was using free weights, machine weights and an elliptical machine and felt pain in the shoulder blades and the right side of the neck and the anterior chest. On 10/21/2013, there was a request made for omeprazole and cyclobenzaprine. It was indicated that the injured worker had been taking cyclobenzaprine since 02/2013. The request was made for medication refills. The diagnoses included clinical radiculopathy and lumbar discopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **120 CYCLOBENZAPRINE 7.5MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain)..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants 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 functional improvement. The clinical documentation submitted for review indicated that the injured worker had been utilizing

the medication for greater than 6 months. There was a lack of documentation of objective functional improvement. Additionally, the request as submitted failed to provide the frequency. Given the above, the request for 120 cyclobenzaprine 7.5 mg is not medically necessary.

**120 OMEPRAZOLE DR 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs), Non-Steroidal Anti-Inflammatory Dru.

**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 injured worker had been utilizing the medication for greater than 1 year. There was a lack of documentation indicating the efficacy of the requested medication. There was a lack of documentation indicating that the injured worker had signs or symptoms of dyspepsia. The request as submitted failed to indicate the frequency. Given the above, the request for 120 omeprazole DR 20 mg is not medically necessary.