

<b>Case Number:</b>	CM13-0063719		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	09/12/2007
<b>Decision Date:</b>	04/14/2014	<b>UR Denial Date:</b>	11/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2013

### 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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 09/12/2007. The patient was reportedly injured when she was struck by a falling crate. The patient is currently diagnosed with lumbosacral spondylosis without myelopathy, lumbago, sciatica, displacement of cervical intervertebral disc without myelopathy, and disorders of the bursae and tendons in the shoulder region. The patient was recently evaluated on 11/15/2013. The patient reported 7/10 pain. Physical examination revealed limited cervical range of motion, tenderness to palpation, limited right shoulder range of motion with tenderness to palpation, limited lumbar range of motion, and tenderness over bilateral lumbar paraspinal muscles with spasm, and positive straight leg raising. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Omeprazole 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Naproxen..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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, there is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the patient does not currently meet criteria for the requested medication. As such, the request is non-certified.

**1 prescription of Flexeril 7.5 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Flexeril..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. Cyclobenzaprine should not be used for longer than 2 weeks to 3 weeks. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. The patient's physical examination continues to reveal palpable muscle spasm. Based on the clinical information received, the request is non-certified.

**1 prescription of Naproxen 550mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) Naproxen..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic low back pain, it is recommended as a second line treatment after acetaminophen. As per the documentation submitted, the patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain. There is no change in the patient's physical examination that would indicate functional improvement. Therefore, the request is non-certified.