

<b>Case Number:</b>	CM13-0067784		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2013

### 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 & Rehabilitation 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 50 year old female with date of injury 12/15/2011. The mechanism of injury is not documented in clinical notes. The injured worker reported to have continued pain in the cervical spine and lumbosacral spine with no significant numbness of the hands and feet. The injured worker was taking medications with benefit. On medical exam the injured worker had positive bilateral lumbar spine facet maneuver, decreased sensation at the bilateral feet, decreased range of motion of the neck and back by 10 percent in all planes, and spasms to the bilateral trapezius. The injured worker had diagnoses including myofascial pain syndrome, chronic cervical and lumbar spine strain, and chronic lumbosacral facet syndrome.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPROZOLE 20MG 1 TAB BID #100 REFILL X2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68-69.

**Decision rationale:** The injured worker reported continued pain to the cervical spine and lumbosacral spine with no significant numbness to the hands and feet. The injured worker was

taking medications with benefit. On medical exam, the injured worker had positive bilateral lumbar spine facet maneuver, decreased sensation at bilateral feet, decreased range of motion of neck and back by 10 percent in all planes, and there were positive spasms of bilateral trapezius. The injured worker had diagnoses including myofascial pain syndrome, chronic cervical and lumbar spine strain and chronic lumbosacral facet syndrome. The California MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and or high dose /multiple NSAID. The medical documentation does not document a clinical rationale for or indication to support the necessity of medication. There was a lack of documentation indicating the injured worker had a history of GI bleed, peptic ulcer, or perforation. There was a lack of documentation indicating the efficacy of the medication. Therefore, the request is not medically necessary.

**FLEXERIL 7.5MG TID #90 REFILL X3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE (FLEXERIL) Page(s): 41-42.

**Decision rationale:** On examination, the injured worker had positive bilateral lumbar spine facet maneuver, decreased sensation at bilateral feet, decreased range of motion of the neck, and back was decreased 10 percent in all planes, and there were spasms to the bilateral trapezius. The injured worker had diagnoses including myofascial pain syndrome, chronic cervical and lumbar spine strain and chronic lumbosacral facet syndrome. The California MTUS guidelines note Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain. The effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better; treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. The request is for a refill of Flexeril. Therefore, the current request would exceed guideline recommends for total duration of use. Furthermore, the request itself is for a 4 month supply. As such, the request for Flexeril 7.5 mg is not medically necessary.