

<b>Case Number:</b>	CM13-0070422		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	02/23/2012
<b>Decision Date:</b>	06/05/2014	<b>UR Denial Date:</b>	12/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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, has a subspecialty in Pain Medicine 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 injured worker is a 44-year-old male who reported an injury on 02/23/2012. The mechanism of injury was not stated. The current diagnoses include cervicalgia, lumbago, and sciatica. The latest Physician Progress Report submitted for this review is documented on 10/21/2013. The injured worker reported 4/10 lower back pain with radiation to the right lower extremity. The current medications include Flexeril 5 mg, Voltaren XR 100 mg, Gabapentin 600 mg, Ambien 10 mg, Maxalt 5 mg, and Nortriptyline 10mg. Physical examination revealed tenderness to palpation, trigger points with a twitch response, positive facet loading maneuver and positive straight leg raising with decreased sensation to light touch in the right lateral calf. The treatment recommendations included prescriptions for omeprazole DR 20 mg, Flexeril 5 mg, and Voltaren XR 100 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DR 20MG SIG BID #60 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
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. There is no evidence of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the request is not medically necessary or appropriate.

**FLEXERIL 5MG SIG 7.5MG PO TID PRN SPASM #90 WITH 2 REFILLS:** Upheld

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

**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. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. As such, the request is not medically necessary or appropriate.

**VOLTAREN XR 100MG TABLET SIG QD #30 WITH 2 REFILLS:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs 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 pain, NSAIDS are recommended as a second line option after acetaminophen. As per the documentation submitted, there is no evidence of objective functional improvement as a result of the ongoing use of this medication. Guidelines do not recommend long term use of NSAIDS. Therefore, the request is not medically necessary or appropriate.