

<b>Case Number:</b>	CM13-0070948		
<b>Date Assigned:</b>	05/07/2014	<b>Date of Injury:</b>	07/10/2009
<b>Decision Date:</b>	07/09/2014	<b>UR Denial Date:</b>	11/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2013

### 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 has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 07/10/2009. The mechanism of injury was not provided. The diagnoses included lumbago and right knee medial meniscus tear. Per the 10/28/2013 clinical note, the injured worker reported taking Protonix and trazodone. Per the 11/06/2013 clinical note, the injured worker reported continued symptomatology in the right knee. Examination of the lumbar spine noted tenderness at the lumbar paravertebral muscles and pain with terminal motion. Examination of the right knee noted tenderness at the knee joint line, positive McMurray's sign, positive patellar compression test, and pain with terminal flexion with crepitus. The injured worker's medication regimen included Anaprox DS 550 mg, Prilosec 20 mg, Zofran 8 mg, Flexeril 7.5 mg, and tramadol ER 150 mg. Prior treatments were not provided. The rationale for the submitted request was not provided. The request for authorization form for cyclobenzaprine and omeprazole was submitted on 11/05/2013.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OMEPRAZOLE DELAYED-RELEASE CAPSULES 20 MG. # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Page(s): 68.

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

**Decision rationale:** The California MTUS Guidelines recommend proton pump inhibitors for patients taking NSAIDs with current gastrointestinal problems or those at risk for gastrointestinal event. Risks for gastrointestinal event include: age greater than 65 years; history of peptic ulcer, GI bleeding, or perforation; concurrent use of ASA, corticosteroid, and/or an anticoagulant; or high dose/multiple NSAID use. The medical records provided indicate an ongoing prescription for omeprazole since at least 01/30/2013. There is no indication the injured worker was experiencing gastrointestinal problems or was at risk for gastrointestinal event. In addition, the 10/28/2013 clinical note indicated the injured worker was taking Protonix. The rationale for an additional proton pump inhibitor was not provided. Therefore, the request for Omeprazole delayed-release capsules 20mg #120 is not medically necessary.

**CYCLOBENZAPINE HYDROCHLORIDE TABLETS 7.5 MG. # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal And Anti-Inflammatory) Page(s): 67-73.

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

**Decision rationale:** The California MTUS Guidelines recommend Flexeril as an option, using a short course of therapy. Treatment should be brief. The medical records provided indicate an ongoing prescription for Flexeril since at least 01/30/2013. There is a lack of documentation regarding objective findings of muscle spasms to warrant the use of Flexeril. Nonetheless, the guidelines do not recommend the long-term use of Flexeril. Therefore, the request for Cyclobenzapine Hydrochloride tablets 7.5mg #120 is not medically necessary.