

<b>Case Number:</b>	CM13-0071108		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	11/25/2013
<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 and 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 underlying date of injury in this case is 11/30/2011. The mechanism of injury is that the patient was in an armored vehicle for long periods of time bouncing around bumps and jerking back and forth. The medical records are somewhat limited. A PR-2 report from the orthopedic surgeon of 11/13/2013 reports symptoms of improving low back pain with tenderness to palpation on exam. The patient was diagnosed with an improving lumbar sprain. Treatment was recommended to include Naprosyn as well as Omeprazole, Flexeril, and tramadol.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 OMEPRAZOLE 20MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications And Gastrointestinal Symptoms Sections, Page(s): 68.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications and gastrointestinal symptoms, page 68, recommend that the clinician should determine if the patient is at risk for gastrointestinal events. The medical records at this time do not provide such a rationale or

indication as to why this patient is at risk of gastrointestinal events. This request is not medically necessary.

**60 CYCLOBENZAPRINE 7.5MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Section, Page(s): 64.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on muscle relaxants, Cyclobenzaprine, page 64, state this medication should be used for a short course of therapy and not for chronic use. The medical records at this time do not provide an alternate rationale to support this medication for chronic use. This request is not medically necessary.

**90 TRAMADOL 150MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids For Chronic Pain Section, Page(s): 80.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, section on opioid for chronic pain, page 80, recommend this medication for short-term pain relief but not for chronic conditions and particularly not for more than 16 weeks. Moreover, the medical records at this time do not document the four A's of opioid use to indicate goals or rationale or benefit from ongoing opioid treatment. For these multiple reasons, this request is not supported by the treatment guidelines. This request is not medically necessary.