

<b>Case Number:</b>	CM14-0006439		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	01/18/2013
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2014

### 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 Occupational Medicine 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 patient is a 59-year-old female who has submitted a claim for cervicgia, pain in upper arm, lumbar spine herniated disc, and lumbago associated with an industrial injury date of 01/18/2013. The medical records from 01/27/2013 to 12/16/2013 were reviewed and showed that patient complained of constant burning neck pain with radiation to the right arm. The pain was aggravated by twisting. The patient also complained of constant, dull low back pain graded 6-7/10 which radiated down the right lower extremity. The pain was aggravated by sitting, standing, repetitive waist bending, and crouching. Physical examination revealed tenderness to palpation over the cervical and lumbar spine. Normal cervical and lumbar spine range of motion (ROM) with pain and spasm in all planes was noted. The Electromyogram and Nerve Conduction (EMG-NCV) study of the bilateral lower extremities dated 08/16/2013 revealed right chronic L5-S1 radiculopathy. The MRI of cervical spine dated 08/15/2013 revealed spondylotic changes and C5-C6, C6-C7 neuroforaminal narrowing. The MRI of the lumbar spine dated 08/16/2013 revealed Grade 1 anterolisthesis at L5-S1, disc desiccation at L3-S1, and L4-5 mild neuroforaminal narrowing. Treatment to date has included Cyclobenzaprine, Tramadol, Naproxen sodium, Pantoprazole sodium, Flurbiprofen 20%, Tramadol 20% in Mediderm base, and Gabapentin 10%, and Tramadol 10% in Mediderm base.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg as needed (PRN) three times a day #90: Upheld**

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

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

**Decision rationale:** According to pages 41-42 of the California MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better and treatment should be brief. In this case, the patient has been prescribed Cyclobenzaprine 7.5mg #90 since 10/21/2013. Although muscle spasm was still evident in the recent progress report, the guidelines do not recommend long course treatment with Cyclobenzaprine. Therefore, the request for prescription of Cyclobenzaprine 7.5 mg #90 is not medically necessary.

**Omeprazole (Prilosec) 20 mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs NSAIDS, GI Symptoms and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As stated on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both Gastrointestinal (GI) and cardiovascular risk factors: age over 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA (acetylsalicylic acid - aspirin), corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be started with proton pump inhibitor. In this case, patient was prescribed proton pump inhibitor (pantoprazole) 20mg #60 since 10/21/2013. There were no documented signs and symptoms of GI distress with NSAID use. Moreover, the patient does not fit in the criteria of moderate-high risk individuals for GI events. Therefore, the request of prescription for Prilosec 20mg #60 is not medically necessary.