

<b>Case Number:</b>	CM14-0007214		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	08/20/2013
<b>Decision Date:</b>	06/23/2014	<b>UR Denial Date:</b>	01/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2014

### 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 Neurology, 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 39-year-old who was injured on August 20, 2013. The mechanism of injury is not specified. The injured worker is documented as being on a muscle relaxant as far back as September 20, 2013. On October 18, 2013 the injured worker is documented as being on Flexeril. This is again reiterated on the November 20, 2013 note and the only medications the injured worker is documented as taking his Flexeril regularly and Prilosec as needed. There is no indication that anti-inflammatories are being utilized. This is again documented on the January 8, 2014. Diagnoses include right shoulder sprain/strain, right carpal tunnel syndrome, cervical spine sprain/strain, lumbar spine sprain/strain, anxiety, and insomnia. The utilization review in question was rendered on January 15, 2014. The reviewer noncertified the request for Prilosec, Flexeril, and a urine drug screen. [REDACTED]

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PRILOSEC 20MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS-GIT SYMPTOMS & CARDIOVASCULAR RISK/PPIs,

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) guidelines support the use of proton pump inhibitors for individuals concurrently using anti-inflammatories and with an increased risk of G.I. complications. Based on clinical documentation provided, there is no evidence that the injured worker is utilizing anti-inflammatories. The request for Prilosec 20mg, ninety count, is not medically necessary or appropriate.

**FLEXERIL 7.5MG #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CYCLOBENZAPRINE (FLEXERIL, FEXAMID),

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CAMTUS) recommends against the chronic use of muscle relaxers. Based on clinical documentation provided, the injured worker has been utilizing Flexeril and a regular basis for proximally four to five months. The request for Flexeril 7.5mg, ninety count, is not medically necessary or appropriate.

**URINE DRUG SCREEN:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The injured worker is not documented as being on any controlled substances. Additionally, the requested muscle relaxant was found to be not medically necessary and recommended for non-certification. The request for one urine drug screen is not medically necessary or appropriate.