

<b>Case Number:</b>	CM14-0007975		
<b>Date Assigned:</b>	04/07/2014	<b>Date of Injury:</b>	08/09/2013
<b>Decision Date:</b>	05/08/2014	<b>UR Denial Date:</b>	01/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 Internal Medicine and Pulmonary Diseases, 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 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 50-year-old male who reported a work-related injury on 8/9/13. The mechanism of injury was slipping and falling 4 feet. The injured worker was noted to have started opiates in August 2013. The documentation of 12/24/13 revealed right shoulder impingement, tendonitis, a possible cuff tear, history of positive MRIs, status post injection, and a mid back strain/sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**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 Page(s): 63.

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain; their use is recommended for less than three weeks. The clinical documentation submitted for review failed to provide an objective physical examination and documentation of the duration that the medication had been utilized.

The request as submitted failed to indicate the quantity and the frequency for the medication. There was a lack of documentation of an objective physical examination to support the presence of muscle spasms, and thus had a necessity for muscle relaxant. Given the above, the request for cyclobenzaprine is not medically necessary.

**OMEPRAZOLE 20MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

**Decision rationale:** The California MTUS guidelines recommend proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to indicate the injured worker had dyspepsia. There was a lack of documentation indicating the necessity for the medication. There was a lack of documented duration for usage of the medication. The request as submitted failed to indicate the frequency and quantity for the medication. Given the above, the request for omeprazole is not medically necessary

**TRAMADOL 150MG:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 , 70.

**Decision rationale:** The California MTUS guidelines recommend opiates for the treatment of chronic pain. There should be documentation of an objective improvement in function, objective decrease in pain, and evidence the patient is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated that the injured worker had been taking the medication since August 2013. There was a lack of documentation of the above recommendations. The request as submitted failed to indicate the frequency and the quantity. Given the above, the request for tramadol is not medically necessary.