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| <b>Case Number:</b>   | CM14-0168882 |                              |            |
| <b>Date Assigned:</b> | 10/17/2014   | <b>Date of Injury:</b>       | 10/20/2008 |
| <b>Decision Date:</b> | 11/24/2014   | <b>UR Denial Date:</b>       | 09/16/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/14/2014 |

### 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 Physical Medicine & Rehabilitation and is licensed to practice in North Carolina. 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 45-year-old female who reported an injury on 10/20/2008. Reportedly while mopping a floor, apparently when she lifted the bucket, she felt a pain in the lumbar region. The injured worker's treatment history included MRI study of the lumbar spine, physical therapy, epidural steroid injections, and she had an electrodiagnostic study which confirmed radiculopathy. The injured worker was evaluated on 08/08/2014 and it was documented that the provider was appealing the medication review submitted on 08/16/2014. It was documented that the provider noted on date of service 08/16/2014 the injured worker continued to experience chronic low back pain that constantly radiated to the lower extremities. It was noted the injured worker would benefit from the medication. Fenopofen was prescribed in order to help alleviate the injured worker's pain level. In regard to the denial of cyclobenzaprine the injured worker would benefit from this medication as it would help alleviate the lower back pain per the patient was experiencing. In regard to the denial of the medication omeprazole, the injured worker would benefit from the medication as according to MTUS Guidelines, patients at immediate risk of gastrointestinal events and no cardiovascular disease. The injured worker had been treated with opioid medication, specifically with medication of tramadol. As a result, the provider noted omeprazole is medically necessary in order to protect the stomach lining and prevent any future gastric complications. The injured worker was evaluated on 08/16/2014 and it was documented the injured worker complained of low back pain that was constant and radiating to the lower extremity. It was noted the medications were helpful. Objective findings were illegible. The diagnoses included lumbar sprain/strain, lumbosacral or thoracic neuritis, or myofascial pain, and sacroiliac joint arthropathy. The Request for Authorization dated 08/16/2014 was for cyclobenzaprine and omeprazole.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **#90 Cyclobenzaprine 7.5mg times two (2): 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 Cyclobenzaprine (Flexeril) Page(s): 41.

**Decision rationale:** According California (MTUS) Chronic Pain Medical Guidelines recommends Flexeril as an option, using a short course therapy. Cyclobenzaprine (Flexeril ) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. Cyclobenzaprine is closely related to the tricyclic antidepressants and amitriptyline. The documentation submitted lacked outcome measurements of conservative such as, prior physical therapy sessions and medication pain management. Documents submitted on 08/08/2014 indicated the injured worker was benefitting from cyclobenzaprine which was to help alleviate the lower back pain; however, long term goals for functional improvement while the injured worker is on medication was not submitted for this review. Moreover, the guidelines does not recommend Flexeril as an option using a short course therapy. The documents that were submitted for review could not determine duration of usage of cyclobenzaprine for the injured worker. As such, the request for #90 Cyclobenzaprine 7.5 mg times two (2) is not medically necessary.

### **#60 Omeprazole 20mg times two (2): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton pump inhibitors Page(s): 68--69.

**Decision rationale:** Per California Medical Treatment Utilization Schedule (MTUS) Guidelines, Omeprazole is recommended for patients taking NSAIDs who are at risk of gastrointestinal events. The documents submitted for review on 09/08/2014 indicated that omeprazole would benefit the injured worker from the risk for gastrointestinal events and no cardiovascular disease. However, it was noted the injured worker was specifically using medication, tramadol. The documents submitted for review failed to include long term functional goals for the injured worker and medication pain management. Moreover, documentation submitted for review did not indicate the injured worker was at risk for gastrointestinal events. In addition, documentation of

the efficacy of omeprazole why the injured worker is taking this prescribed medication. As such, the request for #60 Omeprazole 20 mg times two (2) is not medically necessary.