

<b>Case Number:</b>	CM14-0175871		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	08/01/2013
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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:

This is a 47-year-old male with an 8/1/13 date of injury to his left hand and multiple fingers on the left hand involving a saw injury. He had surgery and the 3rd digit was reattached. He also had a small finger PIP arthrodesis for ulnar deviation/deformity in May 2014. The patient was known to be on Omeprazole since at least February 2014 for GI upset as well as chronic Naproxen. The patient also complained of lower back pain and was given Flexeril 7.5 mg BID on an office visit dated 5/20/14. He was most recently seen on 8/19/14 with complaints of 4/10 lower back pain, as well as left hand numbness and weakness. Exam findings revealed tenderness to palpation in the L spine and a left Jamar grip of 18. The patient's neuropathic hand pain was noted to have improved significantly since surgery. His medications included omeprazole, cyclobenzaprine, Gabapentin, and naproxen at that time. Treatment to date: TENS unit, medications, chiropractic therapy, HEP, and acupuncture. The UR decision dated 9/30/14 denied the request for unknown reasons.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Anti-Inflammatory medications), GI Symptoms & Cardiovascul.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. This patient is on chronic NSAIDs with a well-documented history of GI upset with his medications. The use of this medication is appropriate in this case. Therefore, the request for omeprazole 20 mg #60 was medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Muscle Relaxants for pain).

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

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has unspecified low back pain and has been on this medication for at least several months. There is inadequate documentation of the rationale for this medication, whether it provides any functional improvement, and why the duration on this medication has exceeded the treatment guidelines. Therefore, the request for cyclobenzaprine 7.5 mg #60 was not medically necessary.