

Case Number:	CM14-0179753		
Date Assigned:	11/04/2014	Date of Injury:	09/10/2012
Decision Date:	12/10/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/29/2014

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 Family 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 injured worker's date of injury is 09/10/2012. This patient receives treatment for chronic low back pain. Initially the low back pain slowly became worse and the patient experienced pain and tingling in the left leg. The patient received PT and performed home exercise and used an inversion table. An MRI of the lumbar spine on 02/28/2014 showed an L4-L5 disc herniation with a fragment at the left L4-L5 foramen. The patient is status post left L4-L5 laminectomy and discectomy. Medications taken include: Norco and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

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

Decision rationale: Flexeril is a muscle relaxer, specifically an anti-spasmodic. As such, it may be medically indicated for treating an acute exacerbation of back pain. Muscle relaxers do not offer any additional benefit over NSAIDS for chronic back pain, including those patient who still experience back pain after surgery for back pain. Muscle relaxers may cause harm, because most

produce sedation. Flexeril is not medically indicated for this patient with chronic low back pain. The request is not medically necessary.

Omeprazole 20mg, #60: 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

Decision rationale: Per the guidelines Omeprazole is a PPI (proton pump inhibitor), which may be medically indicated to treat peptic ulcer disease in patients who take NSAIDS and have suffered peptic ulcer problems with them. A review of the medical records provided indicates there is no such documentation for this patient. Omeprazole is not medically necessary.