

<b>Case Number:</b>	CM14-0031108		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/04/2001
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2014

### 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 and Rehabilitation 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 66 year old female who had a work related injury on 04/04/01; there was no clinical documentation submitted for mechanism of injury. Most recent note of 02/07/2014, noted that the injured worker was experiencing back stiffness, numbness in right leg, pain in right leg. Back flexion, and hip rotation worsened condition. Back pain was described as aching, burning, dull, pressure and shot pain down the right leg. Severity was 2-3/10. She also presented for follow up for re-evaluation of upper limb injury. She rated her shoulder pain 2-3/10. Physical examination, the patient exhibited little spontaneous motion of the cervical spine and lumbar spine and moved in a stiff fashion. Bilateral wrist extensors muscle strength was 3/5. Bilateral shoulder abductors muscle strength was rated 2/5. Patellar reflex and ankle reflex 2+. L4 dermatome S1 dermatome L5 dermatome demonstrated normal light touch sensation bilaterally. Neck examination revealed pain to palpation over C2 to C3, C3 to C4 and C4 to C5 facet capsules bilaterally. Secondary myofascial pain with trigger points andropy fibrotic banding. Positive Spurling's maneuver bilaterally. Lumbosacral examination revealed pain to palpation over L3 to L4, L4 to L5 and L5 to S1 facet capsules, pain with rotational extension indicative of facet capsular tears, and secondary myofascial pain with ropy fibrotic banding. MRI of the lumbosacral spine showed multilevel discogenic process with multiple levels of disc annular tears. Diagnoses status post bilateral shoulder surgery two on the right one on the left. Multilevel lumbar degenerative disc disease request was for Amrix 15mg #60 with three refills. Omeprazole 20mg #30 with three refills. Prior utilization review on 02/26/14 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Amrix 15 mg, QTY: 60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasmodics Page(s): 64.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, muscle relaxants.

**Decision rationale:** The request for Amrix 15mg #60 is not medically necessary. The clinical documentation submitted for review does not support the request for Amrix. There is no documentation of acute muscle spasm. Amrix is indicated for short course of therapy 2-4 weeks. Therefore medical necessity has not been established.

**Omeprazole 20 mg, QTY: 30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs Page(s): 68-69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, protein pump inhibitors.

**Decision rationale:** The request for Omeprazole 20 mg #30 with 3 refills is not medically necessary. The injured worker does not appear to be taking chronic NSAID's or at increased risk for gastrointestinal event, according to the guidelines Omeprazole is not recommended. Therefore, medical necessity has not been established.