

<b>Case Number:</b>	CM14-0055423		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/03/2000
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 65 year old individual who was injured on 08/03/2000. The injured worker is reported to be complaining of lower back pain and stiffness. The pain is constant, and radiates down to the lower limbs. The pain is associated with numbness below the right knee. The physical examination revealed limitation of lumbar range of motion and slight limitation of range of motion of the neck. There is decreased sensation in the outer aspect of the right leg. The injured worker has been diagnosed of musculoligamentous sprain of the Lumbar with lower extremity radiculitis; musculoligamentous sprain of the cervical sprain with disc and osteophyte complex at C4-C5; Disc protrusion C4-5 with right sided compression of the dura; Disc bulges; L4, L5, S1; radiculopathy; Spondylolisthesis, L4-5; Status previous Laminectomy. Treatment include self-purchased Celebrex, Omeprazole, and Methocarbamol (Robaxin); transcutaneous electrical nerve stimulation (TENS) unit. The injured worker has been recommended for Epidural steroid injection. At dispute is the request for Omeprazole 20 mg #30; Methocarbamol 750 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The medical records provided for review do not indicate a medical necessity for Omeprazole 20 mg #30. The MTUS does not recommend the use of proton pump inhibitors except for individuals > 65 years; (2) history of peptic ulcer, gastrointestinal (GI) bleeding or perforation; (3) concurrent use of Aspirin, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple non-steroidal anti-inflammatory drug (NSAID). In such individuals, the MTUS recommends risk stratification to determine what type of NSAID would be combined with proton pump inhibitor. In this case the injured worker is already on a COX 2 selective NSAID (Celebrex), therefore, except if the worker is in the high risk group, there would be no need for additional use of Omeprazole, a proton pump inhibitor. The documents provided did not provide enough information necessary to determine whether the worker is at gastrointestinal risk, and if so, the risk classification. Therefore, the requested treatment is not medically necessary.

**Methocarbamol 750 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The medical records provided for review do not indicate a medical necessity Methocarbamol 750 mg #90. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic lower back pain (LBP). The records reveal the injured worker has been taking this drug for some time; therefore, the continued use of this medication is not medically necessary.