

<b>Case Number:</b>	CM14-0075707		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	03/16/2010
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	05/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 44-year-old male with a 3/16/10 date of injury. At the time (5/12/14) of the determination for Prilosec 20mg #60 and FexMid 7.5mg #60, there is documentation of subjective (increased pain in the low back with radiation to both lower extremities, left greater than right, pain rated 8/10; neck pain with associated cervicogenic headaches as well as pain radiating down both upper extremities) and objective (palpable trigger points in the cervical musculature, reduced range of motion; sensation decreased along the left posterior lateral arm and forearm, palpable tender points noted and tenderness to palpation bilaterally of the lumbar musculature, decreased range of motion, and positive straight leg raise on the left, decreased sensation along the posterior lateral thighs and lateral calves bilaterally; left knee medial and lateral joint line tenderness and crepitus, positive McMurray) findings. The patient's current diagnoses include cervical myoligamentous sprain/strain syndrome, lumbar myoligamentous sprain/strain syndrome with radicular symptoms to the left lower extremity, and reactionary depression and anxiety. The treatment to date includes Prilosec and FexMid. Regarding the requested Prilosec 20mg #60, there is no documentation of risk for gastrointestinal events. Regarding the requested FexMid 7.5mg #60, there is no documentation of the intention to treat over a short course and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of FexMid use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, GI symptoms and cardiovascular risk.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of cervical myoligamentous sprain/strain syndrome, lumbar myoligamentous sprain/strain syndrome with radicular symptoms to the left lower extremity, and reactionary depression and anxiety. However, there is no documentation of risk for gastrointestinal events. Therefore, based on guidelines and a review of the evidence, the request for Prilosec 20mg #60 is not medically necessary.

**FexMid 7.5mg #60:** Upheld

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

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervical myoligamentous sprain/strain syndrome, lumbar myoligamentous sprain/strain syndrome with radicular symptoms to the left lower extremity, and reactionary depression and anxiety. In addition, there is documentation of chronic low back pain. However, given documentation of ongoing use of FexMid, there is no documentation of an intention to treat over a short course. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of

medications as a result of FexMid use to date. Therefore, based on guidelines and a review of the evidence, the request for FexMid 7.5mg #60 is not medically necessary.