

<b>Case Number:</b>	CM14-0078254		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	07/27/1998
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/28/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 59-year-old male with a date of injury of 07/27/1998. The listed diagnoses per [REDACTED] are: Chronic cervical pain from C5-C6, disk protrusion/herniation and spondylosis; Chronic lumbar back pain from disk protrusions at L4 L5 and L5-S1; Chronic depression; History of sacroiliitis; History of thoracic strain; Temporomandibular joint (TMJ) syndrome; Chronic bilateral carpal tunnel syndrome; and Chronic abdominal pain with irritable bowel syndrome. According to progress report dated 04/19/2014 by [REDACTED], the patient presents with neck pain and back pain. He has intermittent numbness of the hands and complains of abdominal cramps and heartburn. He uses Sombra over-the-counter medication for his neck and low back pain. Examination revealed decreased range of motion in the cervical spine and lumbar spine. There is no paracervical, parathoracic, or paralumbar tenderness noted. It is noted that the patient will continue with Prilosec 20 mg once a day and Flexeril 10 mg 3 times a day as needed. Utilization review denied the request for medications on 05/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg (#30, with refills 3) QTY: 120.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), gastrointestinal symptoms and cardiovascular risk; On-Going Management Page(s): 68-69; 94-95.

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

**Decision rationale:** The MTUS Guidelines state, clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. MTUS recommends determining the risk for GI events before prescribing prophylactic proton-pump inhibitors (PPIs) or Omeprazole. GI risk factors include: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of aspirin or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, the patient has reported heartburn. However, progress reports do not provide discussion of gastric irritation, peptic ulcer history, or concurrent use of aspirin, etc. Furthermore, review of the medical file does not indicate that the patient is taking NSAIDs. Routine prophylactic use of PPIs without documentation of gastric issues is not supported by guidelines without a GI risk assessment. As such, the request is not medically necessary.

**Flexeril 10mg (#90, with refills 3) QTY: 360.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants; On-Going Management Page(s): 64-66; 94-95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

**Decision rationale:** The MTUS Guidelines state, Cyclobenzaprine (Flexeril) is recommended for a short course of therapy, and limited mixed evidence does not allow recommendation for chronic use. The medical file notes that the patient has been prescribed Flexeril since 09/05/2013; which indicates the medication is for long-term use. As such, the request is not medically necessary.