

<b>Case Number:</b>	CM14-0090031		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	12/03/2007
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/14/2014

### 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 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:

This is a patient with a date of injury of December 3, 2007. A utilization review determination dated June 5, 2014 recommends noncertification of Cyclobenzaprine and Omeprazole. A progress report dated May 14, 2014 identifies subjective complaints of chronic pain and psych issues with pain in multiple locations in his body. He is in constant back pain. His pain is rated at 6/10 in his lower back. The patient states that he can function better with medication including the ability to run errands, stand, and walk for a longer period of time with his current medications. The medications also allow him to sleep better. The patient is taking medications as prescribed. The patient notes that the Cyclobenzaprine helps him with sleep. He has also previously noted benefit from NSAIDs in the past but is not currently on one. Physical examination findings revealed trigger points on the left paraspinal region with tightness and muscle spasm. The lumbar spine also has tenderness to palpation over the paraspinal muscles. Diagnoses include lumbar disc with radiculitis, degeneration of lumbar disc, cervical disc with radiculitis, degenerative cervical disc, and thoracic pain. The treatment plan recommends starting Anaprox 550 mg 1 tablet 2 times per day, starting Ambien 10 mg one time per day, and proceeding with a neurology consultation. A progress report dated January 13, 2014 indicates that the patient is using Prilosec, Omeprazole, Tizanidine, Cyclobenzaprine, and Docusate. Cyclobenzaprine was refilled at 90 tablets for 60 days. A progress report dated April 7, 2014 recommends refilling Cyclobenzaprine at 90 tablets for 60 days.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg Daily to Twice Daily as needed, 60 days #90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Cyclobenzaprine (Flexeril), the MTUS Chronic Pain Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit (in terms of reduction in NRS or percent reduction in pain) as a result of the Cyclobenzaprine use. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by the MTUS Chronic Pain Guidelines. In the absence of such documentation, the currently requested Flexeril is not medically necessary.

**Omeprazole Delayed Release 20mg Twice Daily 30 Days #60: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drug Manufacturer, AstraZeneca Pharmaceuticals (June 2004).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for Omeprazole (Prilosec), the MTUS Chronic Pain Guidelines states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, it appears the patient was being started on a high-dose NSAID, according to the progress report dated May 14, 2014. Therefore, the patient would be at a high risk for the development of GI complications and would be appropriate for proton pump inhibitor therapy for GI prophylaxis. As such, the currently requested omeprazole is medically necessary.