

<b>Case Number:</b>	CM14-0151186		
<b>Date Assigned:</b>	11/18/2014	<b>Date of Injury:</b>	01/04/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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:

The patient is a 48-year-old female with the date of injury of January 4, 2013. The listed diagnosis is skull contusion with soft tissue injury to her neck and left upper extremity and lower extremity. Patient is status post left elbow surgery on October 17th 2013. According to progress reports of July 16, 2014 the patient presents with neck, left elbow and bilateral lower extremity complaints. Patient is currently taking Tramadol for pain. Examination of the cervical spine revealed tenderness in the left paravertebral, left trapezius and left scapular area. Range of motion was decreased on all planes. Examination of the lumbar spine revealed Forward flexion 50, extension 18, lateral extension on the left 18 and on the right 14. All other examination findings were within normal limit. X-rays of the cervical spine taken on this date were within normal limits and x-rays of the lumbar spine revealed mild degenerative changes. The request is for Omeprazole 20mg and Cyclobenzaprine 10mg #30. The request for medications is not discussed in the progress reports provided for review. Utilization review denied the requests on 8/27/14. Treatment reports from 4/2/14 through 7/16/14 were reviewed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole, 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 68-69.

**Decision rationale:** This patient presents with neck, left elbow and bilateral lower extremity complaints. The current request is for Omeprazole 20 MG #30. The MTUS Guidelines page 68 and 69 states that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: (1) Age is greater than 65, (2) History of peptic ulcer disease and GI bleeding or perforation, (3) Concurrent use of ASA or corticosteroid and/or anticoagulant, (4) High dose/multiple NSAID. In this case, there is no indication that the patient has been utilizing NSAID on a long term basis to consider the use of Omeprazole. Furthermore, the provider provides no discussion regarding GI issues such as gastritis, ulcers, or reflux that would require the use of this medication. Therefore, the medication is not medically necessary.

**Cyclobenzaprine 10mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) Page(s): 63-66.

**Decision rationale:** This patient presents with neck, left elbow and bilateral lower extremity complaints. The current request is for Cyclobenzaprine 10 MG #30. MTUS pages 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." This is an initial request for Cyclobenzaprine. Guidelines do not suggest use of Cyclobenzaprine for chronic use longer than 2-3 weeks. Given the treating physician is requesting #30, the medication is not medically necessary.