

<b>Case Number:</b>	CM14-0190001		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	10/14/2003
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2014

### 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 Family Medicine and is licensed to practice in Utah. 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 female. The patient's date of injury is 10/14/2003. The mechanism of injury is not stated. The patient has been diagnosed with impingement syndrome of shoulders, lateral epicondylitis, and gastrointestinal symptoms while taking NSAIDs. The patient's treatments have included injections, and medications. The physical exam findings dated August 14, 2012 show moderate to severe tenderness in the lateral epicondyle bilaterally, decrease strength wrist extension against resistance in a pronated position. The patient's medications have included, but are not limited to, Flexeril, Tramadol, Ibuprofen and Omeprazole. The request is for Flexeril, Ibuprofen and Omeprazole. The patient has been taking Flexeril since at least Feb 2014. There is lack of documentation that states the patient has improved with taking Flexeril long term.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #30 x 2 refills:** 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 Page(s): 41-42 ,63-66.

**Decision rationale:** MTUS guidelines state the following: Flexeril is indicated for as an option for use in short course of therapy. Efficacy is greatest in the first four days of treatment with this medication. MTUS states that treatment course should be brief. According to the clinical documents, the Flexeril requested is not being used for short term therapy. There is no clear functional gain that has been documented with this medication. According to the clinical documentation provided and current MTUS guidelines; Flexeril is not indicated a medical necessity to the patient at this time.

**Ibuprofen 800mg #200 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66-73.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Ibuprofen. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. There is no documentation of the effectiveness of the medication noted. There is no continued monitoring of the patient for this medication. Documentation for activities of daily living, an adverse side effect, including the GI side effect for which the patient is taking Omeprazole, is unclear at this time. According to the clinical documentation provided and current MTUS guidelines; Ibuprofen is not indicated a medical necessity to the patient at this time.

**Omeprazole 20mg #100 x 1 refill:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 67-69.

**Decision rationale:** MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Omeprazole. According to the clinical documents, there is documentation that the patient has a history of reflux or gastrointestinal symptoms that would warrant the usage of this medication. According to MTUS guidelines, increased risk is defined as: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The use of Omeprazole, as stated in the above request, is determined to be a medical necessity at this time.