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| <b>Case Number:</b>   | CM14-0192034 |                              |            |
| <b>Date Assigned:</b> | 11/25/2014   | <b>Date of Injury:</b>       | 02/14/2008 |
| <b>Decision Date:</b> | 01/16/2015   | <b>UR Denial Date:</b>       | 10/21/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 11/17/2014 |

### 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 Emergency Medicine 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 injured worker is a 55 year-old male, who sustained an injury on February 14, 2008. The mechanism of injury is not noted. Treatments have included right knee surgery, physical therapy, medications, and injections. The current diagnoses are status post right knee surgery, and chronic pain. The stated purpose of the request for Flexeril 5 mg, #30 with 1 refill was not noted. The request for Flexeril 5 mg, #30 with 1 refill was denied on October 21, 2014, citing a lack of guideline support for long-term use of muscle relaxants. The stated purpose of the request for Omeprazole 20 mg, #30 with 1 refill was not noted. The request for Omeprazole 20 mg, #30 with 1 refill was denied on October 21, 2014, citing a lack of documentation of current non-steroidal anti-inflammatory drugs (NSAIDs) prescription. Per the report dated October 7, 2014, the treating physician noted chronic right knee pain with exam showing minimal right knee tenderness and swelling.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 5 mg, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

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

**Decision rationale:** The requested Flexeril 5 mg, #30 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 63-66, does not recommend muscle relaxants as more efficacious than non-steroidal anti-inflammatory drugs (NSAIDs) and does not recommend the use of muscle relaxants beyond the acute phase of treatment. The injured worker has chronic right knee pain. The treating physician has documented right knee swelling and tenderness. The treating physician has not documented spasticity or hypertonicity on exam, duration of treatment, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. Furthermore, the criterion noted above has not been met. Therefore, this request for Flexeril 5 mg, #30 with 1 refill is not medically necessary.

**Omeprazole 20 mg, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (Non-Steroidal Anti-Inflammatory Drugs) and NSAIDs, GI Sym.

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

**Decision rationale:** The requested Omeprazole 20 mg, #30 with 1 refill, is not medically necessary. Per California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI Symptoms & Cardiovascular Risk, pages 68-69, notes that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking non-steroidal anti-inflammatory drugs (NSAIDs) with documented gastrointestinal (GI) distress symptoms and/or the above-referenced GI risk factors." The injured worker has chronic right knee pain. The treating physician has documented right knee swelling and tenderness. The treating physician has not documented medication-induced GI complaints or GI risk factors. Therefore, the criterion noted above has not been met. As such, this request for Omeprazole 20 mg, #30 with 1 refill is not medically necessary.