

<b>Case Number:</b>	CM14-0193502		
<b>Date Assigned:</b>	11/26/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	10/27/2014
<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 Family 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 patient is a 29-year-old male tree trimmer who sustained an industrial injury on July 29, 2013. The patient is diagnosed with thoracic spine strain, lumbar strain, disc protrusion and neural foraminal narrowing, bilateral shoulder sprain/strain and tendinosis, bilateral knee sprain/strain, right knee internal derangement, bilateral ankle/foot/heel sprain and tenosynovitis, insomnia and hypertension. A June 17, 2014 review of systems is negative for gastrointestinal complaints. The patient was examined on September 15, 2014 at which time he complained of thoracic spine, lumbar spine, bilateral shoulders, bilateral knees, bilateral ankles, bilateral feet and bilateral heel pain rated. Physical examination revealed thoracic and lumbar paraspinal tenderness, paraspinal spasm, shoulder impingement and knee crepitus. The patient is returned to modified duties. Medication regimen has consisted of Omeprazole 20mg #90 and Cyclobenzaprine 7.5mg #90 between 8/12/2014 and 12/7/2014. The medical records also note that the patient is prescribed oral non-steroidal anti-inflammatory medications. Utilization review was performed on October 27, 2014 at which time the request for medications were denied. The prior peer reviewer noted that muscle relaxants are not recommended for long-term use. With regards to omeprazole, the prior peer reviewer noted that the records did not reflect ongoing gastrointestinal complaints to support the use of a proton pump inhibitor and no indication for the medication was seen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Capsules of Omeprazole 20mg between 8/12/2014 and 12/7/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <<http://www.mayoclinic.org/healthy-living/nutrition-and-healthy-eating/expert-blog/heartburn-and-b-12-deficiency/bgp-20091051>

**Decision rationale:** Per CA MTUS guidelines, proton pump inhibitors may be supported if patient is at risk for gastrointestinal events such as age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. In this case, the medical records do not establish that the patient is at high risk for gastrointestinal events. In addition, while it is noted that the patient is using nonsteroidal anti-inflammatory medications, there is no indication that these medications cause gastric upset. It should be further noted that per evidence based guidelines, long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture and also lead to vitamin B12 deficiency.

**90 Tablets of Cyclobenzaprine 7.5mg between 8/12/2014 and 12/7/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants page 63-66, Cyclobenzaprine (Flexeril) Page(s): 41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Muscle Relaxants

**Decision rationale:** As per the CA MTUS guidelines, Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. References state that (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. In this case, it is noted that the patient is far into the chronic phase of his injury and continued treatment with this medication is not supported.