

<b>Case Number:</b>	CM14-0196000		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	05/27/2009
<b>Decision Date:</b>	01/20/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/24/2014

### 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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 27, 2009. In a Utilization Review Report dated November 10, 2014, the claims administrator failed to approve a request for Omeprazole, Cyclobenzaprine, and Diclofenac. The claims administrator stated that its decisions were based on an office visit of October 21, 2014. The applicant's attorney subsequently appealed. In said office visit of October 21, 2014, the applicant reported ongoing complaints of low back and bilateral leg pain, 5/10, exacerbated by bending, stooping, lifting, standing, and walking. Additional physical therapy was sought. The applicant was placed off of work, on total temporary disability, while Diclofenac, Prilosec, and Cyclobenzaprine were refilled, without any explicit discussion of medication efficacy. The applicant was status post an earlier lumbar fusion surgery, it was acknowledged. In a pain management consultation dated November 5, 2014, the applicant reported ongoing complaints of low back pain. The applicant was using Aleve (Naprosyn) for pain relief. The applicant reportedly had a lumbar laminectomy procedure in 2011. Acupuncture and physical therapy were endorsed. The applicant was asked to follow up on a prn. basis. The applicant's work status was not clearly outlined.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 68.

**Decision rationale:** As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants who are at heightened risk for gastrointestinal events who, by implication, qualify for prophylactic usage of proton pump inhibitors include those individuals who are using multiple NSAIDs. In this case, the applicant is, in fact, using multiple NSAIDs, Diclofenac and Aleve (Naprosyn). Prophylactic provision of Omeprazole was, thus, indicated on or around the date in question, October 21, 2014. Therefore, the request was medically necessary.

**Cyclobenzaprine 7.5mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was/is using a variety of other agents, including Diclofenac and Aleve (Naprosyn). Adding Cyclobenzaprine to the mix was not indicated. It was further noted that the 90-tablet supply of Cyclobenzaprine at issue represents treatment well in excess of the "short course of therapy" for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

**Diclofenac XR 100mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Antiinflammatory Medications Page(s).

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Diclofenac do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of pharmacotherapy. In this case, the attending provider did

not clearly state why the applicant needed to use two separate NSAID medications, Diclofenac and Naprosyn (Aleve). The attending provider did not clearly state that he was discontinuing Naprosyn in favor of Diclofenac, nor did the attending provider furnish any rationale for concomitant usage of two separate NSAIDs. Therefore, the request was not medically necessary.