

<b>Case Number:</b>	CM14-0200550		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	06/05/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Pain 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:

This is a female patient with a date of injury of June 5, 2011. A utilization review determination dated November 19, 2014 recommends non-certification of Prilosec 40 mg #30, Valium 10 mg #90, and Flexeril 10 mg #90. A progress note dated November 7, 2014 identifies that the patient has continued improved low back pain, her pain is a 2/10 with medications and a 6/10 without medications. Her neck pain is better, her leg symptoms have resolved, her back pain is minimal, and her shoulder symptoms remain her worst pain. The medications help, and the patient is requesting refills. The physical examination identifies that the patient has an antalgic gait, minimal lumbar tenderness, 50% decrease of lumbar range of motion, cervical spine range of motion is decreased by 20%, and right shoulder is tendered to palpation but with full range of motion. The diagnoses include cervical strain with HNP at C5/6 and C6/7, s/p ACDF on February 7, 2013, right shoulder strain, right shoulder impingement, right shoulder labral tear, lumbar strain, lumbar degenerative disc disease at L5-S1 with L5 spondylolysis, and s/p ALDF L5/S1 on April 15, 2014. The treatment plan recommends continue medications as needed, and urine drug screen. A urine drug screen report dated November 7, 2014 was positive for temazepam, oxazepam, and n-desmethyldiazepam.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 40 mg #30:** 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 Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for Prilosec 40mg #30, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested Prilosec 40mg #30 is not medically necessary.

**Valium 10 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Benzodiazepines

**Decision rationale:** Regarding the request for Valium 10mg #30, Chronic Pain Medical Treatment Guidelines state the benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks... Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant." Within the documentation available for review, there is no documentation identifying any objective functional improvement as a result of the use of the medication and no rationale provided for long-term use of the medication despite the CA MTUS recommendation against long-term use. In the absence of such documentation, the currently requested Valium 10mg #90 is not medically necessary.

**Flexeril 10 mg #90:** 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 Page(s): 63-66.

**Decision rationale:** Regarding the request for Flexeril 10mg #90, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on

to state that Flexeril specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of specific objective functional improvement as a result of the Flexeril. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Flexeril 10mg #90 is not medically necessary.