

Case Number:	CM14-0206246		
Date Assigned:	12/18/2014	Date of Injury:	01/26/2011
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, California
 Certification(s)/Specialty: Family Practice

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 61-year-old male, with a reported date of injury of 01/26/2011. He sustained the injury while he was jumping off a forklift from about 3 feet off the ground. The results of the injury were low back pain, and difficulty sleeping due to pain. The current diagnosis includes chronic pain of the lower back. The past diagnosis includes lumbar disc degeneration. Treatments have included an MRI of the lumbar spine on 08/05/2014, which showed disc protrusion at L4-5, degenerative disc disease at L5-S1, with foraminal stenosis on the right side, and spondylolisthesis at S1 with PARS defects and facet joint arthropathy; and pain medications. The progress report dated 11/13/2014 indicates that the injured worker continued to have chronic pain in the lower mid-back, and lower back. There was numbness of the right and left forearms, right hand, and right and left feet. He rated his pain a 10 out of 10. The physical examination of the low back showed some decreased range of motion, due to pain; lumbar tenderness; and paraspinal muscle spasms. The sensation over all dermatomes of the lower extremities was intact, and there was no evidence of clonus. The injured worker remained permanent and stationary. The medications list includes Norco, Naprosyn, Gabapentin, Tramadol ER 150 mg, Protonix and Doral (quazepam) 15 mg. The medical records provided four (4) lab results and lab reports. He has undergone right L5-S1 transforaminal epidural steroid injection on 3/22/12 and right L5-S1 epidural steroid injection on 3/27/12. He has had physical therapy visits for this injury. On 12/03/2014, Utilization Review (UR) denied the request for cyclobenzaprine HCL 7.5mg #60 and Omeprazole 20mg #60. The UR physician noted that the guidelines do not support the chronic use of muscle relaxant therapy, and that there was no documentation that the

injured worker suffered from medication-induced gastritis. The Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg tab #60, 1 tab by mouth 2x a day: Upheld

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

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

Decision rationale: Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events; Patients at high risk for gastrointestinal events; Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when- " (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)." There is no evidence in the records provided that the patient had abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Omeprazole 20mg tab #60, 1 tab by mouth 2x a day is not established for this patient.

Cyclobenzaprine HCL 7.5mg tab #60, 1 tab by mouth 2x a day: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 63, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy; Cyclobenzaprine is more effective than placebo in the management of back pain; It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease;" According to the records provided patient had complaints of chronic pain in the lower mid-back, and lower back. The physical examination of the low back showed some decreased range of motion, due to pain; lumbar tenderness; and paraspinal muscle spasms. According to the cited guidelines Flexeril is recommended for short term therapy and not recommended for longer than 2-3 weeks. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for Cyclobenzaprine HCL 7.5mg

tab #60, 1 tab by mouth 2x a day is medically appropriate and necessary to use as prn during acute exacerbations.