

<b>Case Number:</b>	CM14-0206531		
<b>Date Assigned:</b>	12/18/2014	<b>Date of Injury:</b>	08/28/2007
<b>Decision Date:</b>	02/06/2015	<b>UR Denial Date:</b>	12/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/10/2014

### 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:

Patient with reported date of injury on 8/28/2007. Mechanism of injury is described cumulative trauma. Patient has a diagnosis of cervical sprain/strain, bilateral shoulder tendinitis, chronic low back pain and anxiety/depression with bilateral hand sprain/strain. Medical reports reviewed. Last report available until 11/11/14. Patient complains of neck pain radiating to shoulders and low back pain radiating to L leg. Pain is burning and stabbing. pain is 7/10. Objective exam reveals decreased L hand grip. Cervical spine with noted paravertebral spasms with mildly decreased range of motion(ROM). Negative cervical compression test with normal touch and motor except for decreased grip. Bilateral shoulder exams reveal rotator cuff tenderness with positive Hawkins bilaterally. ROM os mildly decreased. Low back exam reveals paraspinal tenderness. ROM is moderately decreased. Negative straight leg raise. Normal motor and sensory exam. Imaging or electrodiagnostic reports were reportedly done but no actual reports were provided for review. Medications listed were Tramadol, Odansetron, Pantoprazole, topical cream, Flexeril, Lidocaine and Naproxen. Patient has completed physical therapy, chiropractic and acupuncture. Independent Medical Review is for Prilosec 20mg #30 with 2refills and Flexeril 10mg#30 with 2refills. Prior Utilization Review on 12/2/14 recommended non-certification.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor(PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. Patient is chronically on Naproxen. There is no dyspepsia complaints. Patient has no risk factors for increased risk for peptic ulcer disease of gastric bleeding. Prilosec/Omeprazole is not medically necessary.

**Flexeril 10mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Flexeril is cyclobenzaprine, a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Patient has been on this medication chronically. There is no documentation of improvement. The number of tablets and refills is excessive and not consistent with short term use. Flexeril is not medically necessary.