

<b>Case Number:</b>	CM14-0024094		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	02/29/1996
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 the date of injury of February 29, 1996. A Utilization Review dated January 24, 2014 recommended non-certification of Omeprazole 20mg CPDR, OD, 30 days, refill 11; Baclofen 10mg tabs, 1 every bedtime, 30 days, refill 11; and Dulera 5/200, 1 puff, every 12hrs. A Follow Up Note dated January 14, 2014 identifies History of Present Illness of up to 3 migraine headaches a week, chronic neck pain and back spasms, and persistent lower back pain. Physical Findings identify cervical spine decreased range of motion with pain. Weakness of bilateral thighs and ankles. Strength was reduced in the upper and lower extremities. Assessment identifies thoracic outlet syndrome, asthma, restrictive lung disease, esophageal reflux, low back pain, lumbar disc degeneration R/O bulging or herniated disc, migraine headache, chronic pain, cervicalgia, and obstructive sleep apnea. Plan identifies start Baclofen, stay off Nexium and use omeprazole or ranitidine for reflux, and continue Dulera 5/200 1 puff q 12 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg 30 days with eleven (11) 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 Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for omeprazole (Prilosec), 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 documentation that the patient has esophageal reflux. However, there is no documentation indicating how well this medication is working, how often it is being used, or any identification that the etiology of the reflux has been investigated or treated with dietary/medication change. As such, there is no rationale for providing 11 refills. In the absence of such issues, the currently requested omeprazole (Prilosec) is not medically necessary.

**Baclofen 10 mg tabs one every bedtime for 30 days with eleven (11) 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 Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for Baclofen, Chronic Pain Medical Treatment Guidelines support the use of nonsedating 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 Baclofen specifically is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Baclofen. 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 Baclofen is not medically necessary.

**Dulera 5/200, one puff with 12 hours:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pulmonary, Inhaled long-acting beta-agonists (LABAs)

**Decision rationale:** Regarding the request for Dulera, California MTUS does not address the issue. ODG states inhaled long-acting beta-agonists (LABAs) are recommended as a first-line choice for asthma. Within the documentation available for review, there is documentation of a diagnosis of asthma. However, there is no documentation indicating how well this medication is

working and how often it is being used. Additionally, the current request does not have a frequency or duration of use. Guidelines do not support the open-ended application of any medication treatment without follow-up. As such, the currently requested Dulera is not medically necessary.