

<b>Case Number:</b>	CM14-0032294		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 50 year old male, who sustained an industrial injury on June 1, 2009. Symptoms initially reported were not included in the medical record. The injured worker was diagnosed as having lumbar degenerative disk disease, lumbar disk protrusion and probable left S1 radiculopathy. Treatment to date has included diagnostic studies, physiotherapy and medications. On November 15, 2013, the injured worker complained of persistent low back pain. Physical examination revealed tenderness to the lumbar spine. Range of motion of the lumbar spine revealed flexion 30 degrees, extension 10 degrees and right and left lateral flexion at 10 degrees. Kemp's test was positive. The treatment plan included a recommendation to continue physiotherapy, medications and follow up visit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #80:** Upheld

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

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

**Decision rationale:** The patient presents with unrated persistent lower back pain. The patient's date of injury is 06/01/09. Patient has no documented surgical history directed at this complaint. The request is for PRILOSEC 20MG #80. The RFA was not provided. Physical examination dated 11/15/13 reveals tenderness to palpation of the lumbar paraspinal muscles, right greater than left, with spasms noted. Treater also notes a positive Kemp's test and reduced range of motion in all planes. The patient is currently prescribed Naproxen, Prilosec, and Flexeril. Diagnostic imaging was not included. Per 11/15/13 progress report, patient is advised to remain off work for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines pg. 69 states "NSAIDs Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to the request for Prilosec, the reports provided show the patient has been prescribed this medication since at least 08/23/13, however the treater does not specifically discuss any GI symptoms at initiation and there is no documentation of efficacy in the subsequent reports. Most recent progress report dated 11/15/13 indicates that this patient is prescribed an NSAID: Naproxen. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Therefore, this request IS NOT medically necessary. In regard to the request for Prilosec, the reports provided show the patient has been prescribed this medication since at least 08/23/13, however the treater does not specifically discuss any GI symptoms at initiation and there is no documentation of efficacy in the subsequent reports. Most recent progress report dated 11/15/13 indicates that this patient is prescribed an NSAID: Naproxen. While PPI's such as Prilosec are considered appropriate therapy for individuals experiencing GI upset from high-dose NSAID therapy, there is no discussion of GI symptoms, pertinent examination findings, or other subjective complaints which would support continued use of this medication. Therefore, this request IS NOT medically necessary.

**Flexeril 7.5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with unrated persistent lower back pain. The patient's date of injury is 06/01/09. Patient has no documented surgical history directed at this complaint. The request is for FLEXERIL 7.5MG #120. The RFA was not provided. Physical examination dated 11/15/13 reveals tenderness to palpation of the lumbar paraspinal muscles, right greater than left, with spasms noted. Treater also notes a positive Kemp's test and reduced range of motion in all planes. The patient is currently prescribed Naproxen, Prilosec, and Flexeril.

Diagnostic imaging was not included. Per 11/15/13 progress report, patient is advised to remain off work for 6 weeks. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In regard to the request for Flexeril, treater has specified an excessive duration of therapy. This patient has been receiving Flexeril for lower back pain since at least 08/23/13 with some documented relief of symptoms. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of lower back pain. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, the requested 120 tablets does not imply short duration therapy. Therefore, the request IS NOT medically necessary.