

<b>Case Number:</b>	CM15-0105358		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	08/17/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: 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 62-year-old female who sustained an industrial injury on 08/19/2013. Diagnoses include chronic myofascial pain syndrome; chronic lumbar spine strain and chronic left lumbosacral radiculopathy. Electrodiagnostic testing of the bilateral lower extremities on 3/19/15 found evidence of chronic left L5-S1 radiculopathy. MRI of the lumbar spine on 5/7/14 showed L3-S1 degenerative disc changes with reactive spondylolysis and facet arthropathy. Treatment to date has included medication and epidural steroid injections. According to the progress notes dated 1/26/15, the injured worker reported continued back pain with left leg numbness. Medications were beneficial. She noted increased strength in the legs. On examination, straight leg raise was positive on the left and there was decreased sensation in the left foot. Strength and reflexes were normal in the lower extremities. Range of motion was decreased by 10% in all planes and there were spasms in the left lumbar paraspinal muscles. A request is made for pharmacy purchase of Omeprazole 20mg, #100; Flexeril 7.5mg, #100 and Lidopro 4 ounces 121 Gms, #4. Utilization Review has certified the request for Voltaren and Neurontin. The medical records note a history of gastroesophageal reflux with the utilization of non-steroidal anti-inflammatory medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #100: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** The MTUS guidelines recommend the user of proton pump inhibitors for those who are at high risk for developing gastrointestinal events. The injured worker is noted to be a 62 year old female who is being prescribed non-steroidal anti-inflammatory medications. A review of the medication records note a history of reflux with the utilization of non-steroidal anti-inflammatory medications. As such, the use of Omeprazole is supported. However, it should be noted that the long term use of proton pump inhibitors is associated with an increased risk of hip fractures and therefore this medication should be used with caution. The request for Omeprazole 20mg #100 is medically necessary and appropriate.

**Flexeril 7.5mg #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Flexeril Page(s): 63-66, 41.

**Decision rationale:** The MTUS guidelines do not support the long term use of muscle relaxants. The MTUS guidelines state that muscle relaxants can be used as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The MTUS guidelines also noted that efficacy appears to diminish over time and prolonged use may lead to dependence. The request for Flexeril 7.5mg #100 is not medically necessary and appropriate.

**Lidopro 4oz 121gm x 4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental. The MTUS guidelines specifically state that any compound that contains at least one drug that is not recommended is not recommended. Lidopro contains Lidocaine and per the MTUS guideline, lidocaine is not supported in creams, lotions, or gels. The request for Lidopro 4 oz 121 gm x 4 is not medically necessary and appropriate.