

<b>Case Number:</b>	CM15-0109549		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	02/02/2011
<b>Decision Date:</b>	07/14/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 48 year old female, who sustained an industrial/work injury on 2/2/11. She reported initial complaints of back pain. The injured worker was diagnosed as having lumbar disc displacement without myelopathy, lumbago, and thoracic or lumbosacral neuritis or radiculitis not otherwise specified. Treatment to date has included medication, trigger point injections, and diagnostics. MRI results were reported on 5/6/11. Currently, the injured worker complains of pain in the low back and buttock pain along with tingling and numbness in the left leg to the foot into the big toes and spasms in the low back. The pain was rated 6/10. Trigger point injections were effective for 3 weeks prior. Per the primary physician's progress report (PR-2) on 5/22/15, exam revealed loss of normal lordosis with straightening of the lumbar spine and truncal obesity, range of motion is restricted with flexion limited to 50 degrees, extension limited to 20 degrees, right lateral bending limited to 35 degrees and left lateral bending at 35 degrees. Neck movements are painful with extension beyond 20 degrees. Exam of the paravertebral muscles there is tenderness on the left side, straight leg raise is positive around 40 degrees. Current plan of care included medication, epidural steroid injection and diagnostic MRI and surgical consult. The requested treatments include Prilosec 20 mg and Flexeril 10 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, cardiovascular risks.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 67-68.

**Decision rationale:** This 48 year old female has complained of low back pain since date of injury 2/2/11. She has been treated with trigger point injections, physical therapy and medications. The current request is for Prilosec. No treating physician reports adequately describe the relevant signs and symptoms of possible GI disease. No reports describe the specific risk factors for GI disease in this patient. In the MTUS citation listed above, chronic use of PPI's can predispose patients to hip fractures and other unwanted side effects such as Clostridium difficile colitis. Based on the MTUS guidelines cited above and the lack of medical documentation, Prilosec is not medically necessary in this patient.

**Flexeril 10 mg #30:** Upheld

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

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

**Decision rationale:** This 48 year old female has complained of low back pain since date of injury 2/2/11. She has been treated with trigger point injections, physical therapy and medications to include Cyclobenzaprine for at least 4 weeks duration. The current request is for Cyclobenzaprine. Per MTUS guidelines, treatment with Cyclobenzaprine should be reserved as a second line agent only and should be used for a short course (2 weeks) only; additionally, the addition of Cyclobenzaprine to other agents is not recommended. Per MTUS guidelines, Cyclobenzaprine is not medically necessary for this patient.