

<b>Case Number:</b>	CM15-0012012		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	10/04/2014
<b>Decision Date:</b>	04/21/2015	<b>UR Denial Date:</b>	01/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency Medicine

### 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 38 year old male who slipped and fell sustaining a work related injury on October 4, 2104. The injured worker was diagnosed with lumbar spine strain, cervical and thoracic strain, left shoulder strain with impingement and right wrist contusion. No diagnostic reports were reported. According to the physician's progress report on December 16, 2014 the patient continues to experience low back pain described as a burning throbbing sensation along with numbness and tingling in the right big toe. Current medications include Naproxen, Cyclobenzaprine and Prilosec. Treatment modalities consisted of physical therapy (unknown # and dates), left shoulder injection, and anti-inflammatory and pain medication. The treating physician requested authorization for Lumbar-Sacral Orthosis (LSO) Brace; Cyclobenzaprine Cream twice daily 60 gram; and Prilosec 20mg one times a day #30. On January 10, 2015 the Utilization Review denied certification for Lumbar-Sacral Orthosis (LSO) Brace; Cyclobenzaprine Cream twice daily 60 gram; and Prilosec 20mg one times a day #30. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and the Medical Treatment Utilization Schedule (MTUS) Chronic pain Guidelines regarding Topical Analgesic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DME: Lumbar-Sacral Orthosis (LSO) Brace: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 22, 58-59, 68-69, 70-73, 111-113.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low back- Lumbar & thoracic, Lumbar supports.

**Decision rationale:** Lumbar-Sacral Orthosis (LSO) brace is a device for lumbar support. Lumbar support is not recommended for prevention. It is indicated for compression fractures and specific treatment of spondylolisthesis, and documented instability. It may be used for treatment of nonspecific LBP, but the supporting evidence is very low-quality evidence. In this case the patient is not suffering from spondylolisthesis or compression fractures. In this case T\there is no documented instability. There is no indication for lumbosacral support. The request is not medically necessary.

**Cyclobenzaprine Cream twice daily 60 gram: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 22, 58-59, 68-69, 70-73, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68, 112.

**Decision rationale:** Topical analgesics are recommended for neuropathic pain when anticonvulsants and antidepressants have failed. Cyclobenzaprine is a muscle relaxant. There is no evidence for use of this muscle relaxant as a topical product. The request is not medically necessary.

**Prilosec 20mg one times a day #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301, Chronic Pain Treatment Guidelines Chronic Pain Page(s): 22, 58-59, 68-69, 70-73, 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 68.

**Decision rationale:** Prilosec is a proton pump inhibitor (PPI). PPI's are used in the treatment of peptic ulcer disease and may be prescribed in patients who are using non-steroidal anti-inflammatory drugs and are at high risk for gastrointestinal events. Risk factors for high-risk events are age greater than 65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID (e.g., NSAID +

low-dose ASA). The patient in this case was using NSAID medication, but did not have any of the risk factors for a gastrointestinal event. The request is not medically necessary.