

<b>Case Number:</b>	CM15-0168166		
<b>Date Assigned:</b>	09/08/2015	<b>Date of Injury:</b>	11/14/2014
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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: Arizona, 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 55 year old female, who sustained an industrial injury on 11-14-14. The injured worker was diagnosed as having lumbosacral sprain-strain, left sacroiliac joint sprain, left knee sprain-strain, rule out left knee internal derangement, left ankle sprain-strain, lumbar spondylolisthesis, osteophyte formation of left patella, heel spur with tendinosis and lumbar disc protrusions. Treatment to date has included 16 acupuncture sessions, physical therapy, oral medications including Norco 10-325mg, Flexeril 705mg and Prilosec 20mg and activity modifications. (MRI) magnetic resonance imaging of lumbar spine performed on 5-15-15 revealed Tarlov cysts, grade I anterolisthesis at L4-5, L2-3, L2-3, L3-4 and L5-S1 broad based posterior disc protrusion without canal stenosis or neural foraminal narrowing and L4-5 bilateral neural foraminal narrowing secondary to broad based posterior disc protrusion. (MRI) magnetic resonance imaging of left ankle performed on 4-7-15 revealed soft tissue edema, calcaneal spurring and posterior tibialis tenosynovitis. Currently on 7-6-15, the injured worker complains of constant left knee pain rated 7 out of 10 and giving way of left knee. A urine toxicology screen performed on 2-25-15 was inconsistent for medications prescribed. Physical exam performed on 7-6-15 revealed tenderness of medial and lateral compartments of left knee. A request for authorization was submitted on 7-6-15 for Norco 10-325, Flexeril 7.5mg, Prilosec 20mg, urine toxicology screen, consult with knee surgeon and follow up appointment. On 7-22-15 utilization review denied a request for Flexeril 20mg due to non-supporting of long term therapy and denied a request for Prilosec due to lack of gastrointestinal risks.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 (unknown strength) QTY 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine) Page(s): 41-42, 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril Page(s): 63.

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril several months in combination with NSAIDS. Continued and chronic use is not medically necessary.

**Prilosec 20mg QTY 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Evidence-Based Citation (EBM) Official Disability Guidelines, Treatment in Workers Compensation, 2015 web-based edition, [http://www.dlr.ca.gov/t8/ch4\\_5sb1a5\\_2.html](http://www.dlr.ca.gov/t8/ch4_5sb1a5_2.html).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI/NSAIDS- Page(s): 68.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary was not justified. Therefore, the continued use of Prilosec is not medically necessary.