

<b>Case Number:</b>	CM15-0206905		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	07/02/2004
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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: 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:

This 60 year old male sustained an industrial injury on 7-4-04. Documentation indicated that the injured worker was receiving treatment for chronic pain syndrome, lumbar post laminectomy syndrome and lumbar radiculopathy. In a progress note dated 9-14-15, the injured worker complained of pain to the lumbar spine with radiation down both lower extremities, rated 9 out of 10 on the visual analog scale without medications and 5 out of 10 with medications. There were no gastrointestinal complaints mentioned in subjective complaints or objective findings. Physical exam was remarkable for decreased lumbar lordosis, tenderness to palpation to the lumbar spinous process and paraspinal musculature with "limited" range of motion in all planes, positive straight leg raise, 5 out of 5 bilateral lower extremity strength, "normal" bilateral lower extremity deep tendon reflexes and decreased sensation at bilateral L4 and L5 distributions. The injured worker walked with a normal gait. The physician noted that urine drug screen results were consistent with current medications. The physician stated that medications managed the injured worker's pain adequately so that he could function and perform activities of daily living without side effects. The injured worker had been prescribed Flexeril and Omeprazole since at least 8-10-15. The treatment plan included continuing medications (Anaprox, Flexeril, Norco, Gabapentin and Omeprazole). On 10-15-15, Utilization Review noncertified a request for Omeprazole 20mg #30 and Flexeril 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The requested Omeprazole 20mg #30, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has pain to the lumbar spine with radiation down both lower extremities, rated 9 out of 10 on the visual analog scale without medications and 5 out of 10 with medications. There were no gastrointestinal complaints mentioned in subjective complaints or objective findings. Physical exam was remarkable for decreased lumbar lordosis, tenderness to palpation to the lumbar spinous process and paraspinal musculature with "limited" range of motion in all planes, positive straight leg raise, 5 out of 5 bilateral lower extremity strength, "normal" bilateral lower extremity deep tendon reflexes and decreased sensation at bilateral L4 and L5 distributions. The treating physician has not documented medication-induced GI complaints nor GI risk factors, nor objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole 20mg #30 is not medically necessary.

**Flexeril 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The requested Flexeril 7.5mg #90 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has pain to the lumbar spine with radiation down both lower extremities, rated 9 out of 10 on the visual analog scale without medications and 5 out of 10 with medications. There were no gastrointestinal complaints mentioned in subjective complaints or objective findings. Physical exam was remarkable for

decreased lumbar lordosis, tenderness to palpation to the lumbar spinous process and paraspinal musculature with "limited" range of motion in all planes, positive straight leg raise, 5 out of 5 bilateral lower extremity strength, "normal" bilateral lower extremity deep tendon reflexes and decreased sensation at bilateral L4 and L5 distributions. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5mg #90 is not medically necessary.