

<b>Case Number:</b>	CM15-0034957		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	02/27/1978
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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 Jersey, New York  
 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 58-year-old female, who sustained an industrial injury on February 27, 1978. Her diagnoses include cervical, thoracic, and lumbar spine sprain/strain, left sacroiliac joint strain, bilateral upper extremities radiculopathy, bilateral shoulder strain/impingement/tendinosis, bilateral wrist strain/DeQuervains, and bilateral knee strain/patellofemoral arthralgia. She has been treated with home exercise program with home electrical stimulation unit, work modifications, bracing, and medications including pain, muscle relaxant, and proton pump inhibitor. On January 16, 2015, her treating physician reports neck pain and spasm. The pain was moderate, frequent, dull, sharp, and burning. His pain level was 6-7. The physical exam revealed moderate tenderness and spasm of the paravertebral muscles trapezius, decreased range of motion, increased pain with extension, normal reflexes, and no change of the bilateral upper extremities, bilateral shoulders, and thoracic/lumbar. The treatment plan includes continuing his current proton pump inhibitor and non-steroidal anti-inflammatory medication. On February 24, 2015, the injured worker submitted an application for IMR for review 1 prescription for Prilosec 20mg #30 and 1 prescription for Fexmid 7.5mg #60. The Prilosec was non-certified based on the patient was not on a regimen of non-steroidal anti-inflammatory medication, and the lack of indications that the patient was at risk of gastrointestinal events. The Fexmid was non-certified based on lack of documentation of a failed trial of non-steroidal anti-inflammatory medications as recommended by the guidelines. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Fexmid 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-64.

**Decision rationale:** The use of Fexmid is medically unnecessary at this point. It is indicated for short-term use with best efficacy in the first four days. It is not recommended beyond 2-3 weeks of use which the patient has exceeded. The effect is modest and comes with many adverse side effects including dizziness and drowsiness. The use of cyclobenzaprine with other agents is not recommended. The patient is currently on Norco. There is also no evidence that she failed a trial of NSAIDs. Therefore, continued use is considered not medically necessary.

**Prilosec 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & Cardiovascular risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PPIs, NSAIDs, GI symptoms.

**Decision rationale:** The request for Prilosec is not medically necessary. There is no documentation of GI risk factors or history of GI disease requiring PPI prophylaxis. The use of prophylactic PPI's is not required unless she is on chronic NSAIDs. There was no documentation of GI symptoms that would require a PPI. Long-term PPI use carries many risks and should be avoided. Therefore, this request is medically unnecessary.