

<b>Case Number:</b>	CM15-0036846		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	11/08/2010
<b>Decision Date:</b>	04/10/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal 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 51-year-old male, who sustained an industrial injury on 11/8/2010. He reports a fall from a scaffold, landing on his feet. Diagnoses include right shoulder and bilateral knee injury, lumbar stenosis, low back pain, lumbar fracture with spinal cord injury, lumbar 1 burst fracture and status post decompression with thoracic 11 to lumbar 3 posterior fusion. Treatments to date include surgery, physical therapy and medication management. Progress notes from the treating provider dated 12/11/2014 and 1/12/2015 indicates the injured worker reported pain in the neck, mid and low back, arms, right shoulder, right hand and bilateral lower extremities. On 1/27/2015, Utilization Review non-certified the request for Flexeril 10 mg #90 and Omeprazole (quantity and strength unknown-dispensed 1/8/2015), citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10 mg Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #90 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are osteoarthritis unspecified whether generalized or localized involving shoulder region; spinal stenosis lumbar region; lumbago; other affections of shoulder region; other musculoskeletal symptoms referable to limbs; closed fracture of lumbar vertebra without spinal cord injury; and closed fracture lumbar spine spinal cord injury. The date of injury was November 8, 2010. The injured worker was taking Soma according to a progress note dated July 9, 2012. Soma was changed to Flexeril on January 2, 2014 (approximately 15 months ago). The guidelines recommend Flexeril for short-term (less than two weeks) treatment of acute low back pain or an acute exacerbation with chronic low back pain. There is no documentation of an acute exacerbation of low back pain and the injured worker has been on Flexeril in excess of 15 months. This is over and above the treatment with Soma (duration unknown). There is no documentation demonstrating objective functional improvement with ongoing Flexeril 10 mg. The treating physician has exceeded the recommended guidelines for Flexeril use. Consequently, absent compelling clinical documentation with objective functional improvement support the continued use of Flexeril in contravention of the recommended guidelines for short-term use (less than two weeks), Flexeril 10 mg #90 is not medically necessary.

**Omeprazole (qty & strength unknown, dispensed 1/8/15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain section, Proton pump inhibitors.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking non-steroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin of corticosteroids; or high-dose multiple non-steroidal anti-inflammatory drugs. In this case, the injured worker's working diagnoses are osteoarthritis unspecified whether generalized or localized involving shoulder region; spinal stenosis lumbar region; lumbago; other affections of shoulder region; other musculoskeletal symptoms referable to limbs; closed fracture of lumbar vertebra without spinal cord injury; and closed fracture lumbar spine spinal cord injury. The date of injury was November 8, 2010. The documentation from a January 8, 2015 progress note

contains a medication summary. The summary includes Pepcid that was started on October 26, 2012 with a renewal October 25, 2013. The medication is still listed as active in the medical record. Omeprazole was started one month prior. In the January 8, 2015 progress note, there is no clinical indication or rationale for switching Pepcid to Omeprazole. Moreover, there was no quantity requested and strength of Omeprazole requested. The injured worker ran out of Percocet and was taking more Naprosyn than the prescribed amount. The treating physician recommended not taking additional Naprosyn to the injured worker. There was an entry in the medical record about developing "peptic ulcer symptoms". The symptoms were not enumerated in the medical record. Additionally, the symptoms are likely related to the excessive self-dosing of non-steroidal anti-inflammatory drug (Naprosyn). Consequently, absent clinical documentation with an Omeprazole quantity and strength, a clinical rationale for changing Pepcid to Omeprazole, and no documentation of comorbid conditions or past medical history of peptic ulcer, G.I. bleeding, concurrent use of aspirin, etc., Omeprazole (quantity and strength unknown) is not medically necessary data service January 8, 2015