

<b>Case Number:</b>	CM15-0081885		
<b>Date Assigned:</b>	05/04/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2015

### 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 40-year-old male, who sustained an industrial injury on 8/30/13. The injured worker has complaints of mid back and low back complaints. The diagnoses have included thoracic myofascial strain; cervical myofascial strain; cervicgia; left rhomboid strain; cervical facet arthropathy and thoracic degenerative disc disease. Treatment to date has included trigger point injections; flexeril; norco; naproxen; ibuprofen; soma; lidopro topical cream; ketoprofen cream; home exercise program; chiropractic treatment; acupuncture; physical therapy; magnetic resonance imaging (MRI) of the thoracic spine and cervical spine X-rays. The request was for retrospective omeprazole 20mg #60 (dates of service (date of service): 2/4/14, dispensed from medical doctors (MD's) office); retrospective cyclobenzaprine 7.5mg #60 (DOS: 2/4/14, dispensed from MD's office) and retrospective tramadol 150mg #30 (DOS: 2/4/14, dispensed from MD's office).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro: Omeprazole 20mg #60 (DOS: 2/4/14, dispensed from MD's office): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation Official

Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary last updated 07/10/2014.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs an PPI Page(s): 67.

**Decision rationale:** According to the MTUS guidelines, Omeprazole 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 anti-platelet use that would place the claimant at risk. The physician provided the PPI for prophylaxis rather than management of the above. The reference date above is in error and refers to 2015. Therefore, the continued use of Omeprazole is not medically necessary.

**Retro: Cyclobenzaprine 7.5mg #60 (DOS: 2/4/14, dispensed from MD's office): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain Procedure Summary last updated 08/04/2014.

**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 for several months in combination with Norco, Fenoprofen and Naproxen. The reference time of request is 2015 not 2014 which is noted in error in the determination review. The continuation of Flexeril was not medically necessary.

**Retro: Tramadol 150mg #30 (DOS: 2/4/14, dispensed from MD's office): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

**Decision rationale:** Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic, medication options (such as acetaminophen or NSAIDs), and when there is evidence of moderate to severe pain. In this case, the claimant had already been on Norco and NSAIDs for over a year. Long-term use of

opioids is not recommended. No one opioid is superior to another. The addition of Tramadol is not indicated. There is no mention of Tylenol failure. The date in question is in error in prior UR notes and refers to 2015. The request for Tramadol is not medically necessary.