

<b>Case Number:</b>	CM15-0087272		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	03/09/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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 29 year old male who sustained an industrial injury on March 9, 2014. Previous treatment includes medications, chiropractic therapy, and acupuncture therapy. Currently the injured worker complains of low back pain which he describes as a tightness and notes that it is worse in the morning. He rates his pain a 5-6 on a 10-point scale with medications. On physical examination he has bilateral lumbar spine spasm and has 5/5 strength on the bilateral lower extremities. He walks with a normal non-antalgic gait. His pain is aggravated with forward flexion and extended period of waling, lifting heavy objects and it is relieved with acupuncture, rest and medications. Diagnoses associated with the request include low back pain. The treatment plan includes continued medications to include naproxen, cyclobenzaprine as needed for muscle spasm and omeprazole for gastrointestinal upset associated with naproxen use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

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

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. As in this case, the claimant had GI upset with Naproxen and required the use of a PPI. The pain level remained high. Continued use of Naproxen is not medically necessary.

**Omeprazole 20 mg Qty 60:** 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 NSAIDs and PPI Page(s): 68-69.

**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 above or anti-platelet use that would place the claimant at risk. The continued use of NSAIDs was not necessary with continued high level of pain. Therefore, the continued use of Omeprazole is not medically necessary.

**Cyclobenzaprine 7.5 mg Qty 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine 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 a prolonged several months in combination with NSAIDs. Continued and long-term use with another 90 tablets is not medically necessary.