

<b>Case Number:</b>	CM15-0087429		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	06/16/2005
<b>Decision Date:</b>	06/16/2015	<b>UR Denial Date:</b>	05/01/2015
<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: California, North Carolina  
 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 44 year old female, who sustained an industrial injury on 6/16/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having lumbago, major depressive affective disorder, single episode, moderate, psychological factors affecting medical condition, female hypoactive sexual desire disorder due to pain, and insomnia type sleep disorder due to pain. Treatment to date has included medications. Per the PR2 report (12/17/2014), the injured worker reported holiday blues, more depression, crying a lot, and sleeping 4-6 hours per night. Medication use included, but was not limited to, Paxil, Ativan, Klonopin, and Atarax. Her work status was permanent and stationary. A progress report, discussing a request for Omeprazole, Ondansetron, and Cyclobenzaprine, was not noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms Page(s): 67-69.

**Decision rationale:** The CA MTUS recommends that patients on NSAIDs be prescribed a PPI such as Omeprazole if the following criteria are met: age is greater than 65 years; history of peptic ulcer, GI bleeding or perforation exists; concurrent use of ASA, corticosteroids and/or anticoagulants; use of high dose or multiple NSAIDs. In this case, the claimant does not meet the criteria which place her at high risk, therefore the request for omeprazole is deemed not medically necessary.

**Ondansetron 8mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Antiemetics (for opioid nausea).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain (anti-emetics).

**Decision rationale:** Zofran is not recommended for nausea/vomiting secondary to chronic opioid use. It is also not recommended for chronic use. The indications for Zofran fall outside the FDA approved guidelines for this medication. Therefore, the request for Zofran is deemed not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #120:** Upheld

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

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

**Decision rationale:** The CA MTUS Guidelines recommend non-sedating muscle relaxants for short-term treatment of acute exacerbations of low back pain (LBP). However in most cases of LBP, muscle relaxants show no benefit beyond NSAIDs in pain and overall improvement. Chronic use of Flexeril is not recommended. Muscle relaxants are intended for short-term use only. Therefore the request for Flexeril 7.5 mg #120 is deemed not medically necessary.