

<b>Case Number:</b>	CM14-0013693		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	09/11/2007
<b>Decision Date:</b>	06/26/2014	<b>UR Denial Date:</b>	01/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of September 11, 2007. A utilization review determination dated January 25, 2014 recommends noncertification of Flexeril, Omeprazole, and a surgical consult. Certification is recommended for Naproxen, Gabapentin, Norco, TENS 30-day trial, and an epidural steroid injection. An MRI of the lumbar spine dated October 28, 2013 identifies disc protrusions at multiple lumbar levels with high-grade left and moderate to high grade right neural foraminal stenosis at L3-4, high grade of bilateral neuroforaminal stenosis at L4-5, and high grade of bilateral neuroforaminal stenosis at L5-S1. An electrodiagnostic study on October 29, 2013 identifies findings which may represent early peripheral neuropathy. An operative report dated February 18, 2014 indicates that the patient underwent an L5-S1 interlaminar epidural steroid injection. A progress report dated February 10, 2014 identifies subjective complaints indicating that the patient has increased radicular pain down the right lower extremity. The patient is taking Flexeril for acute flare-ups of muscle spasms, Norco for severe pain, Naproxen for inflammation, Omeprazole for G.I. upset from chronic NSAID use, and Gabapentin for neuropathic pain. He feels these medications are helpful and well tolerated. He is able to walk longer and help out more around the house with upkeep. He brought his tens unit into the office visit for instructions in use. Physical examination findings revealed decreased strength in the right lower extremity and decreased sensation in the right lower extremity. Medications include Omeprazole, Naproxen, Norco, Gabapentin, and Cyclobenzaprine. The diagnoses include low back pain radiating to the right leg, low back pain, lumbar radiculopathy, numbness, lumbar degenerative disc disease, and lumbar discogenic pain. The treatment plan recommends continuing medications. The note indicates that the Omeprazole is prescribed for G.I. upset caused by his Naproxen. Flexeril is used for acute flare-ups of muscle spasms. The note indicates that the patient was prescribed Cyclobenzaprine #60. A progress report dated January 13, 2014

indicates that the patient was prescribed Cyclobenzaprine #60. A progress report dated December 2, 2013 indicates that the patient was prescribed Cyclobenzaprine #60. A progress report dated September 20, 2013 indicates that the patient was prescribed Cyclobenzaprine #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **FLEXERIL 7.5 MG QTY: 60.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES 7/18/2009, CYCLOBE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

**Decision rationale:** Regarding the request for Cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a second line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Notes indicate that the medication is being prescribed very consistently. As such, the currently requested Flexeril is not medically necessary.

#### **OMEPRAZOLE 20 MG QTY: 60.00: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for Omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, the physician has indicated that the patient has complaints of dyspepsia secondary to NSAID use. In light of the above issues, the currently requested Omeprazole is medically necessary.

#### **SURGICAL CONSULTATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009) Page(s): 1. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Second Edition, Chapter 7, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Occupational Medicine Practice Guidelines, Independent Medical Examinations and Consultations Chapter, Page 127.

**Decision rationale:** Regarding the request for surgical consultation, California MTUS does not address this issue. ACOEM supports consultation if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. Within the documentation available for review, it does not appear the patient has completed conservative treatment prior to the request for surgical consultation. The requesting physician has recently done an epidural steroid injection; and showed the patient how to use a TENS unit. It is unclear how the patient has responded to these treatments. It seems reasonable to await the outcome of these treatments prior to requesting surgical consultation. As such, the currently requested surgical consultation is not medically necessary.