

<b>Case Number:</b>	CM14-0121761		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	05/12/2014
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	07/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 & Rehabilitation, 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 34 year-old dock worker sustained a low back injury on 5/12/14 from heavy lifting while employed by [REDACTED]. Request(s) under consideration include Cyclobenzaprine 10mg, #90, Omeprazole DR 20mg, #60, Naproxen Sodium 550mg, #60. Diagnoses include Lumbar intervertebral disc displacement without myelopathy/ lumbar sprain; and shoulder region disorder. Report of 5/15/14 from the initial provider noted the patient has follow-up for a Maximum Medical Improvement evaluation. Conservative treatment has included Kenalog/ Toradol injection along with prescription of Naproxen. Exam showed normal gait; normal lumbar lordosis; full range of motion without pain; no pain on palpation of paravertebrals; negative SLR; DTRs 2+ with normal EHLs bilaterally. Lumbar x-rays were reported as normal. Diagnosis was lumbar sprain, resolved. Treatment plan included regular work; discharge from clinic having reached MMI with 0% whole person disability, no limitations to ADLs without future medical provision. The patient apparently was seen by the provider with requests dated 5/28/14 for acupuncture, physical therapy, functional capacity evaluation, Voltage Acute Sensory Nerve Conduction for radiating low back complaints and psyche evaluation/treatment due to psyche symptoms. There were no supporting documents or medical reports submitted for review. The request(s) for Cyclobenzaprine 10mg, #90, Omeprazole DR 20mg, #60, Naproxen Sodium 550mg, #60 were non-certified on 7/18/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Muscle Relaxants (for p.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 128.

**Decision rationale:** Guidelines do not recommend long-term use of this muscle relaxant for this injury deemed previously to have resolved. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant clinical findings, acute flare-up or new injury to support for its long-term use. The Cyclobenzaprine 10mg, #90 is not medically necessary.

**Omeprazole DR 20mg, #60.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines: Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular risk Page(s): 68-69.

**Decision rationale:** Per MTUS Chronic Pain Treatment Guidelines, the patient does not meet criteria for Omeprazole (Prilosec) namely reserved for patients with history of prior GI bleeding, the elderly (over 65 years), diabetics, and chronic cigarette smokers. Submitted reports have not described or provided any GI diagnosis that meets the criteria to indicate medical treatment. Review of the records show no documentation of any history, symptoms, or GI diagnosis to warrant this medication. The Omeprazole DR 20mg, #60 is not medically necessary.

**Naproxen Sodium 550mg, #60.:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Naproxen NSAIDs (Non-steroidal anti-inflammatory drugs)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for this injury nor its functional efficacy derived from treatment already rendered. There is no report of acute

flare or new injuries. NSAIDs is a second line medication after use of acetaminophen. The Naproxen Sodium 550mg, #60 is not medically necessary.