

<b>Case Number:</b>	CM14-0124273		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	03/14/2013
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 Internal Medicine 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:

The injured worker is a 42 year old female who sustained an injury on 03/14/13 when she slipped and fell injuring her right shoulder and neck. Prior treatment included physical therapy on two separate occasions as well as acupuncture. The injured worker was using a home exercise program. The injured worker had a long term history of medication use to include opioids, Lidoderm patches, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxers. The injured worker did report nausea with medications as well as acid reflux with NSAIDs. As of 07/16/14 the injured worker continued to report complaints of neck and low back pain. With medications the injured worker reported 40% reduction in pain. The physical exam noted limited lumbar and cervical range of motion as well as in the right shoulder. There was a positive O'Brien's sign to the right. The requested medications were all denied by utilization review on 07/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Clyclobenzaprine 10mg tablet Qty: 30 Refills: 2: 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): 63-67.

**Decision rationale:** The chronic use of muscle relaxers is not recommended by current evidence based guidelines. At most, muscle relaxers are recommended for short term use only. The efficacy of chronic muscle relaxer use is not established in the clinical literature. There is no indication from the clinical reports that there had been any recent exacerbation of chronic pain or any evidence of a recent acute injury. Therefore, this request is not medically necessary.

**Omeprazole 20mg Capsule Qty: 30 Refills: 2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; NSAIDs, GI symptoms and. Decision based on Non-MTUS Citation ODG Pain (updated 07/10/14) Proton pump inhibitors (PPIs)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, proton pump inhibitors

**Decision rationale:** In review of the clinical documentation provided, the request for Omeprazole 20mg quantity 30 with two refills is medically appropriate. The injured worker is noted to have nausea and gastric upset with the current medication regimen. Given the injured worker's side effects with these medications, the use of a proton pump inhibitors would be supported by current evidence based guidelines. As such, this request is medically necessary.

**Nabumetone 750mg tablet take 1 tablet bid p.o. for 30 days Qty: 60 Refill: 2: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; NSAIDs (non-steroidal a.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The chronic use of prescription non-steroidal anti-inflammatory drugs (NSAIDs) is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare-ups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. Therefore, this request is not medically necessary.