

<b>Case Number:</b>	CM14-0126994		
<b>Date Assigned:</b>	08/15/2014	<b>Date of Injury:</b>	06/01/2005
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Medicine and is licensed to practice in Texas and Oklahoma. 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 54-year-old female who reported an injury when she was rear ended in a traffic collision on 06/01/2005. The clinical note dated 05/24/2014 indicated diagnoses of lumbar radiculitis, lumbar disc bulge at L4-5 with nerve root impingement, neural foraminal stenosis status post epidural steroid injection with moderate relief. The injured worker reported she was status post epidural steroid injection on 07/01/2014 with 50% pain relief in low back and 60% relief in legs. The injured worker reported medication use had decreased by approximately 30%. Functional ability had increased, increased activity and level and endurance. The injured worker reported that prior to the epidural, sitting tolerance was approximately 20 minutes, and now it is 2 hours. The injured worker reported her walking tolerance before was half a block, now it is 4 to 6 blocks and sleep before was 2 hours, now it is 6 hours. On physical examination, the injured worker's range of motion had improved. The injured worker had a straight leg raise that was positive at 60 degrees, sensation was decreased. The injured worker's treatment plan included Percocet, in home exercise, and wean medications as tolerated. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Norco, Lyrica, Flexeril, Voltaren, and Prilosec. The provider submitted a request for Flexeril and Prilosec. A Request for Authorization dated 07/24/2014 was submitted for Flexeril and Prilosec. However, rationale was not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The CA MTUS guidelines recommend cyclobenzaprine (flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is lack of documentation of efficacy and functional improvement with the use of Flexeril. In addition, the injured worker has been utilizing Flexeril since at least 05/02/2014. This exceeds the guidelines recommendation for short term use. Furthermore, the request does not indicate a frequency. Therefore, the request for Flexeril is not medically necessary.

**Prilosec 20mg:** 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 & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for Prilosec 20 mg is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. The documentation submitted did not indicate the injured worker had gastrointestinal bleeding, perforations, or peptic ulcers. In addition, it was not indicated how long the injured worker had been utilizing this medication. Furthermore, the request does not indicate a frequency. Therefore, the request for Prilosec is not medically necessary.