

<b>Case Number:</b>	CM14-0132221		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Anesthesiology has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 48-year-old male with a 12/4/13 date of injury. The mechanism of injury was not noted. According to a follow-up report dated 6/26/14, the patient continued to complain of neck and lower back pain with radiating pain down the upper and lower extremities with numbness, tingling, and weakness. The patient has completed six sessions of aquatic therapy which have helped to reduce his pain and increase his functional capacity and also help reduce the need for taking oral pain medications. However, at this time, his pain has recurred and he continued to be symptomatic. Objective findings: none noted. Diagnostic impression: cervical sprain/strain, cervical radiculopathy, lumbar sprain/strain, lumbosacral radiculopathy. Treatment to date: medication management, activity modification, physical therapy, aquatic therapy. A UR decision dated 8/15/14 modified the requests for Prilosec from 360 tablets to 180 tablets to meet criteria for once a day dosing schedule. The request for Norflex was modified from 540 tablets to 45 tablets for weaning purposes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole (prilosec) 20mg QTY: 360:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Omeprazole).

**Decision rationale:** CA MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. The patient is utilizing Relafen, and guidelines support the use of Omeprazole in patient's utilizing chronic NSAID therapy. However, according to the reports reviewed, the patient is taking Omeprazole, 1 tablet twice a day. However, FDA dosing guidelines support the use of Omeprazole, 1 tablet once a day. The UR decision dated 8/15/14 modified this request to adhere to the proper dosing guidelines and certified 180 tablets for a 6- month supply. This request would be a year's supply of medication, which is excessive. Therefore, the request for Omeprazole (Prilosec) 20mg QTY: 360 was not medically necessary.

**Norflex 100mg QTY: 540:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines, state that "muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. It is unclear how long the patient has been on this medication; however guidelines do not support the long-term use of muscle relaxants." The patient takes Norflex, 1 tablet every 12 hours, making this a request for a 9-month supply of medication, which is excessive. In addition, there is no documentation that the patient has had an acute exacerbation to his pain. Therefore, the request for Norflex 100mg QTY: 540 was not medically necessary.