

<b>Case Number:</b>	CM14-0143775		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	08/17/2007
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/05/2014

### 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 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 58-year-old male who sustained an injury on 08/17/07. On 07/14/14, he complained of stiffness and pain to the lumbar spine rated at 9/10. On exam, lumbar spine revealed limited flexion and extension, positive straight leg raise, and tenderness. According to 02/18/14 report, he had signs and symptoms of GERD. Endoscopy done on 02/10/14 revealed no ulcer or any intestinal metaplasia in stomach, though there was evidence of Barrett's esophagus. On 08/12/13, he had tests, which revealed large hiatal hernia, GERD with intestinal metaplasia, and a pre-pyloric antral linear ulcerated nodule. He had evidence of respiratory disease. Lumbar spine MRI done on 12/31/13 revealed severe spinal canal narrowing at L4-5 from a 3 mm diffuse disc bulge and significant ligamentum flavum hypertrophy; at L4-5 there was a 7 mm left foraminal disc herniation causing moderate left neural foraminal narrowing; and small right adrenal lesion. Lumbar spine x-rays revealed disc space narrowing at L5-S1 with facet hypertrophy bilaterally and levoscoliosis. He underwent anterior lumbar interbody fusion L5-S1 as well as revision laminectomy at L4-L5 on 05/06/14. Current medications are Hydrocodone/APAP, Sentra PM, Gabadone, Trepadone, Omeprazole, Cyclobenzaprine, Dulera inhaler, Proventil inhaler and Atrovent inhaler. He underwent 3 epidural injections that helped for 1-2 weeks; also had 12 sessions of PT. Diagnoses include lumbar spine radiculitis, lumbar spine disc injury and sleep disturbance. The request for Cyclobenzaprine 10 mg #60 and Omeprazole 20 mg #60 were denied on 08/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines: Muscle Relaxants

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

**Decision rationale:** According to the guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Flexeril) is recommended as an option, using a short course. The medical records do not document the presence of substantial muscle spasm on examination unresponsive to first line therapy. The medical records do not demonstrate the patient presented with exacerbation unresponsive to first-line interventions. Furthermore, there is no mention of any significant improvement in function with continuous use. Chronic use of muscle relaxants is not recommended by the guidelines. Thus, the medical necessity of Cyclobenzaprine is not established.

**Omeprazole 20mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Proton Pump Inhibitors (PPI's)

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

**Decision rationale:** Per CA MTUS guidelines, Omeprazole is recommended in patients at intermediate risk for gastrointestinal events and no cardiovascular disease:(1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or (2) a Cox-2 selective agent. Furthermore, the CA MTUS guidelines state PPI medications such as Omeprazole (Prilosec) may be indicated for patients at risk for gastrointestinal events, which should be determined by the clinician: 1) age greater than 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The guidelines recommend GI protection for patients with specific risk factors in this case; the patient has endoscopic evidence of pre-pyloric antral linear ulcerated nodule. As such, the medical necessity of the request for Omeprazole is established.