

<b>Case Number:</b>	CM14-0179525		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	11/20/2013
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 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:

According to the records made available for review, this is a 48-year-old female with an 11/20/13 date of injury. At the time (9/24/14) of the Decision for authorization for retro Omeprazole 20mg cap #60, retro Cyclobenzaprine 10mg tab #60, and retro Anaprox 550mg tab #60, there is documentation of subjective (low back pain that radiates to the bilateral lower extremities with pain and numbness, pain rated 5/10 with medications and 8/10 without medications) and objective (tenderness and spasms over the lumbar spine area, decreased lumbar spine range of motion, tenderness over the shoulder area, decreased shoulder range of motion) findings, current diagnoses (lumbar sprain and strain, lumbar radiculopathy, rotator cuff syndrome, and shoulder sprain and strain), and treatment to date (activity modification and medications (including ongoing use of Anaprox and Cyclobenzaprine since at least 1/14)). Regarding the requested retro Omeprazole 20mg cap #60, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Regarding the requested retro Cyclobenzaprine 10mg tab #60, there is no documentation of an acute exacerbation of chronic low back pain and that Cyclobenzaprine is being used as a second line option, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date, and an intention for short-term (less than two weeks) treatment. Regarding the requested retro Anaprox 550mg tab #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anaprox use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Omeprazole 20mg cap #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Proton pump inhibitors (PPIs). Within the medical information available for review, there is documentation of diagnoses of lumbar sprain and strain, lumbar radiculopathy, rotator cuff syndrome, and shoulder sprain and strain. However, despite documentation of ongoing use of Anaprox, there is no documentation of risk for gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for retro Omeprazole 20mg cap #60 is not medically necessary.

**Retro Cyclobenzaprine 10mg tab #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain), Other Medical Treatment Guideline or Medical Evidence

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain and strain, lumbar radiculopathy, rotator cuff syndrome, and shoulder sprain and strain. However, there is no documentation of an acute exacerbation of chronic low back pain and that Cyclobenzaprine is being used as a second line option. In addition, given medical records reflecting prescription for Cyclobenzaprine since at least 1/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity

tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Furthermore, there is no documentation of an intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for retro Cyclobenzaprine 10mg tab #60 is not medically necessary.

**Retro Anaprox 550mg tab #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbar sprain and strain, lumbar radiculopathy, rotator cuff syndrome, and shoulder sprain and strain. In addition, there is documentation of chronic low back pain. However, given medical records reflecting prescription for Anaprox since at least 1/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Anaprox use to date. Therefore, based on guidelines and a review of the evidence, the request for retro Anaprox 550mg tab #60 is not medically necessary.