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| <b>Case Number:</b>   | CM14-0023801 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 03/26/2011 |
| <b>Decision Date:</b> | 09/03/2014   | <b>UR Denial Date:</b>       | 02/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/25/2014 |

### 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 Dentistry 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 patient sustained an industrial injury on 3/28/11. She had prior lumbar fusion in 1999. She is currently diagnosed with lumbar spine sprain/strain, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, status post lumbar fusion, nonindustrial, RA, chronic pain and intractable nausea and GERD. The patient was seen on 12/17/13 at which time she complained of 3-4/10 low back radiating pain. She is allergic to Vicodin. Prilosec, Percocet, Flexeril, and Neurontin were refilled. Request was made for hardware block injection, EDS, cane and surgical consultation. The 12/17/13 report was reviewed and UR on 2/4/14 non-certified the request for Prilosec and Flexeril. The prior peer reviewer noted that muscle relaxants are not recommended for long term use. It was also noted that the medical records do not document NSAID use and PPI is not indicated for prophylaxis. The prior peer reviewer noted that the medicals do document intractable nausea and GERD, however, the prior peer reviewer noted that it is unclear from the record if this is related to the injury or therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg one by mouth two times a day, # 90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular risk, page 68 and 69 Page(s): 68 and 69.

**Decision rationale:** The medical records note a diagnosis of GERD. While this medication does not appear to be industrially related, the purpose of this review is not to address causation. A medico- legal evaluation would be needed for this regard. The request for Prilosec is medically necessary. However, for cost effective measures, this medication could be prescribed in the generic formulation, omeprazole.

**Flexaril 10mg one by mouth two times a day, #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, page 63 to 66 Page(s): 63 of 66.

**Decision rationale:** References state that muscle relaxants are not supported for chronic use. While muscle relaxants may be supported for short term use in the event of an exacerbation, long term use is not supported per the CA MTUS guidelines. Therefore, the request for Flexeril is not medically necessary.