

<b>Case Number:</b>	CM14-0081337		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	10/10/2011
<b>Decision Date:</b>	09/19/2014	<b>UR Denial Date:</b>	05/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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 & 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 female who reported an injury on 10/10/2011. The mechanism of injury was not specifically stated. Current diagnoses include myofascial pain syndrome, cervical sprain, lumbar sprain, cervical radiculopathy, and lumbosacral radiculopathy. The injured worker was evaluated on 05/19/2014 with complaints of ongoing pain in the cervical spine, lumbar spine, and bilateral upper and lower extremities. Physical examination revealed positive Spurling's maneuver, positive straight leg raising, decreased sensation in the upper and lower extremities, and decreased range of motion of the cervical and lumbar spine, and diminished strength and reflexes in the upper and lower extremities. The current medication regimen includes Naprosyn, Omeprazole, Flexeril, Neurontin, and Menthoderm cream. Treatment recommendations at that time included continuation of the current medication regimen, and a course of chiropractic therapy. A Request for Authorization form was then submitted on 05/19/2014 for Naprosyn, Omeprazole, Neurontin, Flexeril, and Menthoderm cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20 mg, every day twice a day, #60:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. There is no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request is not medically necessary.

**Menthoderm cream #2 bottles:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There was no documentation of a failure to respond to first-line oral medication prior to initiation of a topical analgesic. There is also no strength or frequency listed in the request. As such, the request is not medically necessary.

**Flexeril 7.5mg #120:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has utilized this medication since 02/2014 without any evidence of objective functional improvement. California MTUS Guidelines do not recommend long-term use of this medication. There was also no frequency listed in the request. As such, the request is not medically necessary.