

<b>Case Number:</b>	CM13-0061508		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	11/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured workers is being treated for chronic low back and right shoulder pain secondary to a lifting injury on 5/7/13. MRI of the cervical spine is noted to demonstrate multilevel degenerative disc disease with herniations. MRIs of the shoulders demonstrated evidence of multiple degenerative changes including partial rotator cuff tears and subacromial bursitis. Examination reveals lack of shoulder instability but pain limiting range of motion. Treatment includes Voltaren 100 mg daily, chiropractic manipulation to bilateral shoulders and multiple acupuncture treatments to the neck and shoulders. Request are being made for Prilosec 20 mg twice daily, cyclobenzaprine 7.5 mg daily, Lipopro topical ointment 4 ounces and acupuncture - 8 visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

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

**Decision rationale:** The injured worker has been diagnosed with chronic spinal and shoulder musculoskeletal disorders for which oral NSAID and topical topical creams have been prescribed. In addition, a proton pump inhibitor, Prilosec is also been prescribed undocumented reasons and subsequently discontinued due to GI upset. There is no documentation which allows the conclusion of high risk for gastrointestinal events in this injured worker. MTUS guidelines recommends proton pump inhibitors for patients at intermediate risk for gastrointestinal events while taking NSAIDs or other medications leading to high gastrointestinal event risk. Given the lack of support documenting high gastrointestinal event risk, request for Prilosec is therefore not medically necessary.

**Cyclobenzaprine (Flexeril) 7.5mg #30:** Upheld

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

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

**Decision rationale:** The injured worker has been diagnosed with chronic spinal and shoulder musculoskeletal disorders for which oral NSAID and topical creams have been prescribed. Continued prescription of cyclobenzaprine has been provided for several months. Physical examination continues to demonstrate evidence of cervical and lumbar muscle tenderness with the low back pain score 7/10. MTUS guidelines indicates that muscle relaxants are recommended for short-term use. Therefore the request for cyclobenzaprine 7.5 mg #30, which is longer than short term use, is not be considered medically necessary.

**LidoPro Topical Ointment 4oz #1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The injured worker has been diagnosed with chronic spinal and shoulder musculoskeletal disorders for which incidentally and topical creams have been prescribed. Continued prescription of cyclobenzaprine has been provided for several months. Physical examination continues to demonstrate evidence of cervical and lumbar muscle tenderness with the low back pain score 7/10. There is no diagnostic documentation of peripheral neuropathic process amenable to lidocaine. Therefore request for lidocaine topical ointment 4 ounces is not medically necessary.

**Acupuncture Therapy (8-visits, 2 times a week for 4 weeks):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The injured worker has been diagnosed with chronic spinal disorders from musculoskeletal origin. Records indicate that the patient has undergone 5 acupuncture sessions over 1 month period with results of variable pain levels reported from 6-8/10. MTUS guidelines recommends acupuncture time to produce functional improvement is 3-6 months for 1-3 times per week. Request for 2 sessions over 4 weeks complies with MTUS guidelines and is therefore medically necessary.