

<b>Case Number:</b>	CM14-0201991		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	08/19/2010
<b>Decision Date:</b>	01/31/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2014

### 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 Family Practice 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:

This injured worker's date of injury is 08/19/2010. This patient receives treatment for chronic low back pain and bilateral shoulder pain. Documentation for the original injury was not provided. The patient was injured at work and subsequently underwent left shoulder arthroscopic surgery on 09/19/2010, which consisted of biceps tendon repair, rotator cuff repair, and coracoplasty. Medications prescribed include naproxen, Norco, Prilosec and Flexiril. X-ray imaging of the lumbar spine shows some facet arthropathy of L5-S1. The patient's low back pain was treated with physical therapy. This review covers two medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexiril 10mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

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

**Decision rationale:** Flexiril is a muscle relaxer, which may be medically indicated for the short-term management of acute exacerbations of low back pain, when used as a second line option. Flexiril, which is classified as an antispasmodic, is not recommended for chronic use because

clinical studies do not show that they are beneficial over the long-term. Flexiril is not medically indicated.

**Prilosec 20mg, #30:** Upheld

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

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

**Decision rationale:** Prilosec is a proton pump inhibitor (PPI), which may be medically indicated to prevent the gastrointestinal harm that some patients experience when taking NSAIDS. These adverse effects include GI bleeding or perforation. Patients over age 65, patients with a history of peptic ulcer disease, and patients taking aspirin are also at high risk. The documentation does not mention these risk factors. Prilosec is not medically indicated.