

<b>Case Number:</b>	CM14-0202663		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	11/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 is a 53 year old man who sustained a work-related injury on April 30 2013. Subsequently, the patient developed a chronic back pain for which the patient was treated with surgery and pain medications. According to a progress report dated on June 23 2014, the patient was complaining of ongoing back pain radiating to the left lower extremity and neck as well as shoulder pain. The patient physical examination demonstrated reduced range of motion of the lumbar spine, positive straight leg raising test . The patient was diagnosed with cervical strain, lumbar spine strain, right shoulder rotator cuff tendinitis and status. post Lumbar fusion. The provider requested authorization for the following medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One month supply of Prilosec:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events . The risk for

gastrointestinal events are: (1) age 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient has GI issue that requires the use of prilosec. There is no documentation in the patients chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, 1 month supply of Prilosec prescription is not medically necessary.

**One month supply of Relafen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to MTUS guidelines, NSAIDs are recommended for osteoarthritis pain at the lowest dose for the shortest period of time in patients with moderate to severe pain. In this case is no documentation that the drug is used at its lowest dose and for the shortest period of time. In addition there is no recent documentation that the patient was complaining of breakthrough of pain. There is no clear evidence that the lowest NSAID was used. Therefore, the request of 1 month supply of Relafen is not medically necessary.

**One month supply of Flexeril:** Upheld

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

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

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non-sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Cyclobenzaprine was previously used without clear documentation of efficacy. Therefore, the request for Cyclobenzaprine is not medically necessary.