

Case Number:	CM14-0215999		
Date Assigned:	01/06/2015	Date of Injury:	03/22/2009
Decision Date:	02/24/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/24/2014

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. 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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 (IW) is a 36-year-old woman with a date of injury of March 22, 2009. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are lumbar disc disease, status post lumbar fusion at L4-S1 with anterior interbody graft at L5-S1 on November 9, 2009; failed lumbar spine condition; left lower extremity pain; and psyche issues. Pursuant to the progress report dated October 9, 2014, the IW complains of lumbar spine pain, bilateral lower extremity pain as well as issues related to psyche and respiratory system. Lumbar spine pain is rated 7-8/10 with radiation to the bilateral legs. She is taking Xanax and Ultram and reports improvement. Her pain level is decreased to 4/10 on the pain scale with medications. She is also taking Omeprazole 20mg. Documentation indicated the IW has been taking Omeprazole since July 23, 2014, according to an AME with the same date. Examination of the lumbar spine reveals decreased range of motion and tenderness to palpation. Documentation did not indicate the IW had muscle spasms. According to the progress note dated January 5, 2015, the IW was started on Flexeril 10mg. The clinical indication for starting a muscle relaxer was not provided. The current request is for Prilosec (Omeprazole 20mg) #60, and Flexeril (Cyclobenzaprine HCL 10mg) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec (Omeprazole 20mg) #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain Section, NSAID and GI Effects

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #60 is not medically necessary. Prilosec is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or steroids; or high-dose multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are lumbar disc disease, status post lumbar fusion at L4-S1 with anterior interbody graft at L5-S1 on November 9, 2009; failed lumbar spine condition; left lower extremity pain; and psyche issues. The documentation does not contain any comorbid conditions for past medical history compatible with practical to disease, G.I. bleeding, concurrent aspirin use etc. consequently, absent clinical documentation to support the ongoing use of Prilosec in association with risk factors for G.I. events, Prilosec 20 mg #60 is not medically necessary.

Flexeril (Cyclobenzaprine HCL 10mg) #60: 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): 65-66. Decision based on Non-MTUS Citation Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Flexeril 10 mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks). Men of acute low back pain and short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. Additionally, in most low back pain cases they show no benefit beyond nonsteroidal anti-inflammatory drugs in pain and overall management. In this case, the injured worker's working diagnoses are lumbar disc disease, status post lumbar fusion at L4-S1 with anterior interbody graft at L5-S1 on November 9, 2009; failed lumbar spine condition; left lower extremity pain; and psyche issues. Physical examination showed the injured worker had decreased range of motion and tenderness palpation at the lumbar spine and paravertebral muscle groups. There was no muscle spasm noted on physical examination. There is no clinical indication for Flexeril. There is no clinical rationale for Flexeril. Flexeril is indicated for short-term (less than two weeks). In addition to the lack of a clinical indication and rationale, a #60 count of Flexeril is a one month supply. The

guidelines recommend short-term (less than two weeks). Consequently, absent clinical documentation to support the short-term use of Flexeril and a clinical indication/rationale, Flexeril 10 mg #60 is not medically necessary.