

<b>Case Number:</b>	CM14-0217616		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	06/14/1994
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/29/2014

### 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

Certification(s)/Specialty: Emergency 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 is a 61 year old male, who sustained an industrial injury on 6/14/1994. He has reported injury to the low back. Prior surgical history included Lumbar spine laminectomy and fusion L4-S1, 1/1996, removal of lumbar spine hardware 9/1996, lumbar fusion to L3-4 and revision L4-S1 2007, interbody fusion L2-3, 2009, cervical discectomy C5-6, 2009, left knee arthroscopy 2006, right total knee replacement 2010, T12-L2 spinal fusion, laminectomy and decompression 2011, and revision fusion T8-L2 and revision facetectomy and foraminotomies L1-2 in 2012. The diagnoses have included status post multiple fusions and revisions. Treatment to date has included physical therapy, Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxer, heating pads, and extensive surgical intervention. Currently, the IW complains of daily back pain that is controlled with medication and heating pads. On 2/23/15, x-rays were obtained indicating solid fusion, no evidence of hardware loosening. Physical examination documented moderate tenderness with palpation, no active muscle spasms. Raising from a seated to standing position required use of a cane. The plan of care included continuation of medication and heating pads. On 12/26/2014 Utilization Review modified certification for Flexeril Tablets 10mg #30, and non-certified Prilosec Delayed Release Capsules 20mg #60, noting the documentation did not support medical necessity. The MTUS and ODG Guidelines were cited. On 12/29/2014, the injured worker submitted an application for IMR for review of Flexeril Tablets 10mg #180 and Prilosec Delayed Release Capsules 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg # 90 with 1 refill:** Upheld

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

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

**Decision rationale:** The requested Flexeril 10mg # 90 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The treating physician has documented moderate tenderness with palpation, no active muscle spasms. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10mg # 90 with 1 refill is not medically necessary.

**Prilosec 20mg # 30 with 1 refill:** Upheld

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

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

**Decision rationale:** The requested Prilosec 20mg # 30 with 1 refill is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that. "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The treating physician has documented moderate tenderness with palpation, no active muscle spasms. The treating physician has not documented medication-induced GI complaints nor GI risk factors. The criteria noted above not having been met, Prilosec 20mg # 30 with 1 refill is not medically necessary.