

<b>Case Number:</b>	CM15-0116803		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	10/18/2012
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Preventive Medicine, Occupational 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 57 year old male injured worker suffered an industrial injury on 10/18/2012. The diagnoses included lumbago, lumbar disc displacement without myelopathy, pain in the joint of the lower leg and sprain/strain of the knee and leg. The diagnostics included left knee magnetic resonance imaging and lumbar magnetic resonance imaging. The injured worker had been treated with medications, physical therapy, acupuncture and epidural steroid injections. On 5/12/2015, the treating provider reported continued pain in the left knee and low back. He noted that when the low back pain gets strong then the lower extremities feel numb. The pain was rated 8/10 when he has to work and 3 to 4/10 when he is not working. On exam there were lumbar spasms with restricted range of motion with tenderness and tight muscle band on both sided. The left knee had painful reduced range of motion. The Naprosyn was discontinued, as it was not helping the pain. The treatment plan included Prilosec and Norflex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Prilosec 20mg #60:** 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 NSAID's and GI symptoms Page(s): 68.

**Decision rationale:** MTUS Guidelines do not support the double dosing of Prilosec (Omeprazole) for GI symptoms related to medications. This individual has had his NSAID medication discontinued due to lack of effectiveness and the ongoing medical need Prilosec is not evident. In addition, the Guidelines recommend the usual and customary dose of 20mg per day and there is no justification for double this usual and customary dose recommended by Guidelines. Under these circumstances, the Prilosec 20mg (twice a day use-office dispensed) #60 is not supported by Guidelines and is not medically necessary.

**Norflex ER 100mg #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 Page(s): 63-66.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants are recommended for short-term use for acute conditions or acute flare of symptoms. The repeated episodic use should be contingent on evidence of prior benefit. However, its recommended (dispensed) use is for chronic daily use. Under these circumstances, the Norflex ER 100mg. #30 is not supported by Guidelines and is not medically necessary.