

<b>Case Number:</b>	CM15-0124099		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	03/21/2011
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 66-year-old female, who sustained an industrial injury on 03/21/2011. She has reported injury to the left wrist and low back. The diagnoses have included sprain of wrist; injury lumbar spine; bilateral carpal tunnel syndrome; and status post bilateral carpal tunnel releases. Treatment to date has included medications, diagnostics, bracing, physical therapy, home exercise program, and surgical intervention. Medications have included Voltaren, Flexeril, and Prilosec. A progress report from the treating physician, dated 04/07/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of pain in the bilateral hands/wrists; and awaiting approval for surgery for re-do of left wrist carpal tunnel release. Objective findings included decreased sensation right median nerve; hyperemic hands; painful range of motion; and injured worker is awaiting surgery. The treatment plan has included the request for retrospective Flexeril 7.5mg #30; retrospective Prilosec 20mg #30; and retrospective Voltaren 75mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Flexeril 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42, 63, 68-69, 124.

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

**Decision rationale:** According to MTUS guidelines, Flexeril a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbation in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have recent evidence of spasm and the prolonged use of Flexeril 7.5 mg is not justified. Therefore, the retrospective request of Flexeril 7.5mg, #30 is not medically necessary.

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

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**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 in the patient's chart supporting that she is at intermediate or high risk for developing gastrointestinal events. Therefore, the retrospective request for Prilosec 20mg, #30 is not medically necessary.

**Retrospective Voltaren 75mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

**Decision rationale:** According to MTUS guidelines, Diclofenac Sodium ER is used for osterarthritis pain. There is no documentation of the efficacy of previous use of the drug. There is no documentation of monitoring for safety and adverse reactions of the drug. There is no documentation that the patient developed osteoarthritis. Therefore, the retrospective request for Voltaren 75mg Qty: 60 are not medically necessary.