

<b>Case Number:</b>	CM15-0126793		
<b>Date Assigned:</b>	07/13/2015	<b>Date of Injury:</b>	02/27/2013
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/30/2015

### 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: 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 was a 27 year old female, who sustained an industrial injury, February 27, 2013. The injured worker previously received the following treatments medications, chiropractic care, acupuncture, physical therapy, lumbar spine MRI which showed impingement at the right L5 and left S1 levels, random toxicology laboratory studies which were negative for any unexpected findings, right shoulder steroid injection, LidoPro, Neurontin, Diclofenac, Cyclobenzaprine, Voltaren and Naproxen. The injured worker was diagnosed with bilateral lumbar spine radiculopathy, GERD (gastroesophageal reflux disease) while taking non-steroidal anti-inflammatory medications, myofascial pain syndrome, right rotator cuff syndrome and status post right shoulder surgery. According to progress note of June 4, 2015, the injured worker's chief complaint was bilateral lumbar spine radiculopathy with pain stating from the bilateral iliolumbar ligaments with radiation of this pain down the bilateral lower extremities as numbness and tingling sensations affecting both legs. The physical exam noted positive straight bilateral leg raises. There was decreased sensation to light touch in the bilateral feet. There were decreased ankle reflexes. There was decreased bilateral dorsiflexion strength. The treatment plan included prescriptions for Omeprazole and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole 20mg (Unspecified Quantity): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Online Edition, Chapter-pain, Proton Pump Inhibitors (PPIs).

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

**Decision rationale:** The requested Omeprazole 20mg (Unspecified Quantity) 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, notes 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 injured worker has bilateral lumbar spine radiculopathy with pain stating from the bilateral iliolumbar ligaments with radiation of this pain down the bilateral lower extremities as numbness and tingling sensations affecting both legs. The physical exam noted positive straight bilateral leg raises. There was decreased sensation to light touch in the bilateral feet. There were decreased ankle reflexes. There was decreased bilateral dorsiflexion strength. The treating physician has documented medication induced GERD symptoms, but has not documented the requested quantity or dosage or objective evidence of derived functional improvement with its use. The criteria noted above not having been met, Omeprazole 20mg (Unspecified Quantity) is not medically necessary.

### **Flexeril 7.5mg (Unspecified Quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, 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 requested Flexeril 7.5mg (Unspecified Quantity) 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 injured worker has bilateral lumbar spine radiculopathy with pain stating from the bilateral iliolumbar ligaments with radiation of this pain down the bilateral lower extremities as numbness and tingling sensations affecting both legs. The physical exam noted positive straight bilateral leg raises. There was decreased sensation to light touch in the bilateral feet. There were decreased ankle reflexes. There was decreased bilateral dorsiflexion strength. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 7.5mg (Unspecified Quantity) is not medically necessary.