

<b>Case Number:</b>	CM15-0179769		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	01/19/2010
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 58 year old female, who sustained an industrial injury on 1-19-2010. The medical records indicate that the injured worker is undergoing treatment for chronic pain syndrome, myalgia, limb pain, bilateral shoulder pain, bilateral wrist pain, bilateral hand pain, neck pain, and cervical degenerative disc disease. According to the progress report dated 8-17-2015, the injured worker complains of pain in her neck, bilateral shoulders, bilateral wrists, and bilateral hands. On a subjective pain scale, she rates her pain 3 out of 10 with medications and 5 out of 10 without. The physical examination of the left shoulder reveals tenderness to palpation over the supraspinatus tendon. Examination of the right shoulder reveals tenderness to palpation over the acromioclavicular joint and supraspinatus tendon. No cervical spine, wrists, or hands examination was indicated. The current medications are Naproxen, Cyclobenzaprine, and Omeprazole. There is documentation of ongoing treatment with Naproxen, Cyclobenzaprine, and Omeprazole since at least 2014. Treatment to date has included medication management, x-rays, physical therapy, MRI studies, TENS unit, and injections. Work status is described as currently not working. The original utilization review (9-1-2015) had non-certified a request for Naproxen, Cyclobenzaprine, and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium (Anaprox) 550mg 1 tablet by mouth twice daily as needed quantity 60:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had an upset stomach with the use of Naproxen and required a PPI. Continued use of Naproxen is not medically necessary.

**Cyclobenzaprine (Flexeril) 7.5mg, 1 tablet by mouth at bedtime as needed quantity 60:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for a prolonged period in combination with NSAIDs without significant improvement in pain scores. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.

**Omeprazole (Prilosec) 20mg delayed release 1 capsule by mouth twice daily quantity 60:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009,  
Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** According to the MTUS guidelines, Prilosec is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation,

and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Furthermore, the continued use of NSAIDs as above is not medically necessary. As a result, the upset stomach and the need for Prilosec should no longer be necessary. Therefore, the continued use of Prilosec is not medically necessary.