

<b>Case Number:</b>	CM15-0094186		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	10/09/1996
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old man sustained an industrial injury on 10/9/1996. The mechanism of injury is not detailed. Diagnoses include lumbosacral degenerative disc disease and lumbar disc bulge. Treatment has included oral medications. Physician notes on a PR-2 dated 3/24/2015 show complaints of low back pain with radiation to the bilateral calves. Recommendations include pain management consultation, lumbosacral facet joint injections, radiofrequency ablation, Zantac, Flexeril, Ultracet, and follow up as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zantac 150mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. Zantac, Flexeril, Nabumetone, and Ultracet are being prescribed. The claimant has a history of gastrointestinal upset with heartburn. When seen, there was lumbar spine tenderness with decreased range of motion and positive facet loading. There was decreased lower extremity sensation. Guidelines recommend consideration of an H2-blocker such as Zantac for the treatment of dyspepsia secondary to NSAID therapy. In this case, the claimant is taking Nabumetone and has a history of gastrointestinal upset. Continued prescribing of Zantac is medically necessary.

**Flexeril 10mg #90:** 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 (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63.

**Decision rationale:** The claimant has a remote history of a work-related injury and continues to be treated for radiating low back pain. Zantac, Flexeril, Nabumatone, and Ultracet are being prescribed. The claimant has a history of gastrointestinal upset with heartburn. When seen, there was lumbar spine tenderness with decreased range of motion and positive facet loading. There was decreased lower extremity sensation. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.