

<b>Case Number:</b>	CM15-0094271		
<b>Date Assigned:</b>	05/20/2015	<b>Date of Injury:</b>	02/11/2013
<b>Decision Date:</b>	07/07/2015	<b>UR Denial Date:</b>	04/10/2015
<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: 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 injured worker is a 61 year old female, who sustained an industrial injury on February 11, 2013, incurring multiple back injuries. She was diagnosed with cervical disc syndrome, cervical radiculitis, and cervical sprain, lumbar degenerative disc disease with myelopathy, lumbar sprain, lower extremity neuritis and lumbar radiculopathy. Treatments included pain medications, anti-inflammatory drugs, epidural steroid injection, transcutaneous electrical stimulation unit, anti-anxiety medications, analgesic patches, compound creams and muscle relaxants. She had computed tomography, Magnetic Resonance Imaging and Electromyography studies performed. Currently, the injured worker complained of constant radiating cervical pain and lumbar pain and loss of sleep, anxiety, stress and depression. The treatment plan that was requested for authorization included prescriptions for Prilosec/Omeprazole, Cyclobenzaprine and Norco/Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pharmacy purchase of Prilosec/Omeprazole DR 20mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 68.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, prior to starting the patient on a proton pump inhibitor, physicians are asked to evaluate the patient and to determine if the patient is at risk for gastrointestinal events. Criteria used 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. There is no documentation that the patient has any of the risk factors needed to recommend the proton pump inhibitor omeprazole. Pharmacy purchase of Prilosec/Omeprazole DR 20mg #60 is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 64.

**Decision rationale:** The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The MTUS also state that muscle relaxants are no more effective than NSAID's alone. The patient has been prescribed a quantity of cyclobenzaprine that greater than the amount necessary for a 2-3 week course recommended. Cyclobenzaprine 7.5mg #60 is not medically necessary.

**Norco/hydrocodone 10-325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Norco/hydrocodone, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. Norco/hydrocodone 10-325mg #60 is not medically necessary.