

<b>Case Number:</b>	CM15-0096597		
<b>Date Assigned:</b>	05/26/2015	<b>Date of Injury:</b>	08/02/2012
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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, Hawaii  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 49-year-old male who sustained an industrial injury on 08/02/12. Initial complaints and diagnoses are not available. Treatments to date include medications, extensive right wrist surgeries, and back surgery. Diagnostic studies are not addressed. Current complaints include mid and low back pain radiating to his bilateral lower extremities. Current diagnoses include chronic low back pain, cervical sprain and spondylitis, and severe cervical foraminal stenosis, status post multiple surgeries, and post traumatic headache. In a progress note dated 04/08/15 the treating provider reports the plan of care as an additional unspecified surgery on 04/15/15, psychological counseling, urine drug screen, and medications including Norco, Prilosec, amitriptyline, and Flexeril. The requested treatments include Flexeril and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #3:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Functional improvement Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The patient has persistent neck and low back pain with associated pain and paresthesias into the upper and lower extremities. The current request is for Flexeril 10mg #3. MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. The records indicate the patient has been using Flexeril for an extended period of time. There is no documentation of recent exacerbation and physical examination findings, which suggest muscle spasm. There is also no discussion that the medication has provided functional improvement. The current documentation does not establish medical necessity. As such, recommendation is for denial.

**Prilosec 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Proton Pump Inhibitors.

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

**Decision rationale:** The patient has persistent neck and low back pain with associated pain and paresthesias into the upper and lower extremities. The current request is for Prilosec 20mg #60. The MTUS Guidelines state omeprazole (Prilosec) is recommended with precautions as indicated below. Clinician should weigh indications for NSAIDs against both GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. 1. Age is more than 65 years. 2. History of peptic ulcers, GI bleeding, or perforations. 3. Concurrent use of ASA, corticosteroids, and/or anticoagulant. 4. High-dose multiple NSAIDs. In this case, the attending physician does not address GI assessment as required by MTUS. There is no discussion of previous GI events, peptic ulcers, GI Bleeding or perforations. As such, the medical records do not establish medical necessity for the request. Recommendation is for denial.