

<b>Case Number:</b>	CM15-0098593		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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: New Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 33 year old male, who sustained an industrial injury on 11/04/2011. He has reported injury to the low back. The diagnoses have included lumbar sprain/strain; and thoracic sprain/strain. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, epidural steroid injection, trigger point injection, psychotherapy, acupuncture, ultrasound therapy, and home exercise program. Medications have included Diclofenac, LidoPro topical ointment, Cymbalta, Trazodone, Cyclobenzaprine, and Omeprazole. A progress note from the treating physician, dated 04/14/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of constant low back pain; pain is rated today at 6/10 on the pain scale; reports greater than 50 percent improvement with medications, home exercise program, and use of TENS unit; and improvement with ultrasound therapy and acupuncture in the past. Objective findings included antalgic gait; tenderness to palpation of the lumbar spine and paraspinal musculature; decreased lumbar range of motion with forward flexion and extension; and decreased right lower extremity sensation. Retrospective requests are being made for Cyclobenzaprine 7.5mg #90 (date of service: 04/14/2015); and Omeprazole 20mg #60 (date of service: 04/14/2015).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request: Cyclobenzaprine 7.5mg #90 (DOS 4/14/2015): Upheld**

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

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

**Decision rationale:** According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used form more than 2-3 weeks. The patient in this case does not have clear recent evidence of spasm and the prolonged use of Cyclobenzaprine is not justified. Therefore, the Retrospective request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

**Retrospective request: Omeprazole 20mg #60 (DOS 4/14/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** According to MTUS guidelines, Omeprazole is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events 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 (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. There is no documentation that the patient have GI issue that requires the use of prilosec. There is no documentation in the patient's chart supporting that he is at intermediate or high risk for developing gastrointestinal events. Therefore, the retrospective request of Omeprazole 20mg #60 is not medically necessary.