

<b>Case Number:</b>	CM15-0099575		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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: Emergency 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 was a 44-year-old male, who sustained an industrial injury, May 6, 2009. The injured worker previously received the following treatments home exercise program, Flexeril, Naproxen, Prilosec, Promolaxin and random toxicology laboratory study were negative for any opioid use. The injured worker was diagnosed with degeneration of the lumbar or lumbosacral, lumbar radiculopathy with chronic lumbar strain, right greater than the left, mild depression and secondary stomach ache due to medication use. According to progress note of April 6, 2015, the injured workers chief complaint was lumbar spine pain. There was radiation of pain into the lower extremities, right greater than the left with numbness and tingling in both feet. The injured worker had occasional muscle spasms in the low back. The injured worker rated the pain 6 out of 10. The physical exam of the lumbar spine with palpation noted paralumbar muscles with slight to moderate muscle spasms and tightness more on the right than the left. There was decreased range of motion of the lumbar spine in all planes. The straight leg raises were positive to the bilateral lower extremities at 80 degrees causing pain in the low back, buttocks and posterior calf bilaterally. Tee injured worker walked with a normal gait. The injured worker was taking Flexeril for back pain and muscle spasms. The Naproxen was for pain and inflammation. The prilosec was for anti-inflammatory medication stomach upset and the Promolaxin was for the prevention of constipation. The treatment plan included prescription renewals for Naproxen, Omeprazole, Promolaxin and Flexeril.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550 mg Qty 60 (twice daily as needed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 70, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Naproxen Sodium 550 mg Qty 60 (twice daily as needed), is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has lumbar spine pain. There was radiation of pain into the lower extremities, right greater than the left with numbness and tingling in both feet. The injured worker had occasional muscle spasms in the low back. The injured worker rated the pain 6 out of 10. The physical exam of the lumbar spine with palpation noted paralumbar muscles with slight to moderate muscle spasms and tightness more on the right than the left. There was decreased range of motion of the lumbar spine in all planes. The straight leg raises were positive to the bilateral lower extremities at 80 degrees causing pain in the low back, buttocks and posterior calf bilaterally. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen Sodium 550 mg Qty 60 (twice daily as needed) is not medically necessary.

**Omeprazole (Prilosec) capsule 20 mg Qty 60 (1-2 by mouth daily): Upheld**

**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, GI symptoms & cardiovascular risk, Pages 68-69 Page(s): 68-69, Postsurgical Treatment Guidelines.

**Decision rationale:** The requested Omeprazole (Prilosec) capsule 20 mg Qty 60 (1-2 by mouth daily), is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, Pages 68-69, note that "Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors." The injured worker has lumbar spine pain. There was radiation of pain into the lower extremities, right greater than the left with numbness and tingling in both feet. The injured worker had occasional muscle spasms in the low back. The injured worker rated the pain 6 out of 10. The physical exam of the lumbar spine with palpation noted

paralumbar muscles with slight to moderate muscle spasms and tightness more on the right than the left. There was decreased range of motion of the lumbar spine in all planes. The straight leg raises were positive to the bilateral lower extremities at 80 degrees causing pain in the low back, buttocks and posterior calf bilaterally. The treating physician has not documented objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Omeprazole (Prilosec) capsule 20 mg Qty 60 (1-2 by mouth daily) is not medically necessary.

**Promolaxin 100 mg Qty 60 (1-3 tablets every evening): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a Therapeutic trial of Opioids Page(s): 77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** The requested Promolaxin 100 mg Qty 60 (1-3 tablets every evening), is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, July 18, 2009, Opioids, criteria for use, Page 77, noted in regards to opiate treatment that opiates have various side effects, that " include serious fractures, sleep apnea, hyperalgesia, immunosuppression, chronic constipation, bowel obstruction and that Prophylactic treatment of constipation should be initiated. The injured worker has lumbar spine pain. There was radiation of pain into the lower extremities, right greater than the left with numbness and tingling in both feet. The injured worker had occasional muscle spasms in the low back. The injured worker rated the pain 6 out of 10. The physical exam of the lumbar spine with palpation noted paralumbar muscles with slight to moderate muscle spasms and tightness more on the right than the left. There was decreased range of motion of the lumbar spine in all planes. The straight leg raises were positive to the bilateral lower extremities at 80 degrees causing pain in the low back, buttocks and posterior calf bilaterally. The treating physician has not documented the duration of opiate therapy, presence of constipation, nor symptomatic or functional improvement from previous use of this medication. The criteria noted above not having been met, Promolaxin 100 mg Qty 60 (1-3 tablets every evening) is not medically necessary.

**Flexeril 10 mg Qty 30 (1 tab every 8 hrs as needed): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Page63-66 Page(s): 63-66.

**Decision rationale:** The requested Flexeril 10 mg Qty 30 (1 tab every 8 hrs as needed) , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, Page 63-66, do not recommend muscle relaxants as more efficacious than NSAID s and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has lumbar spine pain. There was radiation of pain into the lower extremities, right greater than the left with numbness and tingling in both feet. The injured worker had occasional muscle spasms in the low back. The injured worker rated the pain 6 out of 10. The physical exam of the lumbar spine with palpation noted paralumbar muscles with slight to moderate muscle spasms and tightness more on the right than the left. There was decreased range of motion of the lumbar

spine in all planes. The straight leg raises were positive to the bilateral lower extremities at 80 degrees causing pain in the low back, buttocks and posterior calf bilaterally. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Flexeril 10 mg Qty 30 (1 tab every 8 hrs as needed) is not medically necessary.