

<b>Case Number:</b>	CM13-0050098		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/03/2010
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 34-year-old male with a 6/3/10 date of injury. At the time (8/13/13) of request for authorization for Naproxen sodium tablets 550mg #100, Cyclobenzaprine hydrochloride tablets 7.5mg #120, and Omeprazole delayed release capsules 20mg #120, there is documentation of subjective (increased low back pain with progressive neurologic deficit, giving way of the legs, possible foot drop, and stomach pain with NSAID use) and objective (tenderness to palpation from the mid to distal lumbar segments, palpable paravertebral muscle spasms, pain with terminal motion, positive straight leg raise, and dysesthesia at the right L5 and S1 dermatomes) findings, current diagnoses (severe lumbar discopathy/radiculitis and herniated nucleus pulposus), and treatment to date (Omeprazole and Naproxen since at least 12/6/11 with pain relief allowing the patient to perform activities of daily living, and Cyclobenzaprine since at least 7/3/13 with relief of symptoms). Regarding the requested Cyclobenzaprine hydrochloride tablets 7.5mg #120, there is no documentation of acute muscle spasm, the intention to treat over a short course (less than two weeks), and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Cyclobenzaprine.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM TABLETS 550MG #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of severe lumbar discopathy/radiculitis and herniated nucleus pulposus. In addition, there is documentation of chronic low back pain. Furthermore, given documentation of ongoing treatment with Naproxen since at least 12/6/11 with pain relief allowing the patient to perform activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Naproxen sodium. Therefore, based on guidelines and a review of the evidence, the request for Naproxen sodium tablets 550mg #100 is medically necessary.

**CYCLOBENZAPRINE HYDROCHLORIDE TABLETS 7.5MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTISPASMODICS Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 41-42. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, MUSCLE RELAXANTS (FOR PAIN).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Cyclobenzaprine is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of severe lumbar discopathy/radiculitis and herniated nucleus pulposus. However, despite documentation of muscle spasms, there is no documentation of acute muscle spasm. In addition, given documentation of ongoing treatment with Cyclobenzaprine since at least 7/3/13, there is no documentation of the intention to treat over a short course (less than two weeks). Furthermore, despite documentation that treatment with Cyclobenzaprine provides pain relief, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Cyclobenzaprine. Therefore, based on guidelines and a review of the

evidence, the request for Cyclobenzaprine hydrochloride tablets 7.5mg #120 is not medically necessary.

**OMEPRAZOLE DELAYED RELEASE CAPSULES 20MG #120: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISK, Page(s): 68-69. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), PAIN (CHRONIC), PROTON PUMP INHIBITORS (PPIS).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of severe lumbar discopathy/radiculitis and herniated nucleus pulposus. In addition, given documentation of subjective findings (stomach pain with use of NSAIDs) and ongoing treatment with Naproxen since at least 12/6/11, there is documentation of concurrent use of NSAID and preventing gastric ulcers induced by NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Omeprazole delayed release capsules 20mg #120 is medically necessary.