

<b>Case Number:</b>	CM13-0051790		
<b>Date Assigned:</b>	03/31/2014	<b>Date of Injury:</b>	06/02/2010
<b>Decision Date:</b>	06/11/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

The patient is a [REDACTED] employee who has filed a claim for neck sprain and strain associated with an industry injury of June 02, 2010. Thus far, the patient has been treated with multiple opioid medications (Vicodin, Norco, Lorcet, and Lortab), muscle relaxants, gabapentin, topical analgesic cream, cervical epidural steroid injection; trigger point injections, and physical therapy. In a utilization review report of November 08, 2013, the claims administrator denied a request for cyclobenzaprine as there is no documentation regarding improvements attributed to this medication; hydrocodone as there is no documentation regarding benefits from use of this medication and urine drug screens or side effects monitoring; Losartan; omeprazole; and naproxen. Review of progress notes shows progressive worsening of the neck pain, which is activity related and associated with occasional headaches and radiation of pain mainly into the left upper extremity. There is tenderness with some spasm, limited range of motion, and sensory and motor deficits of the left fingers and hand. EMG of bilateral upper extremities performed November 18, 2010 reveals mild acute C6 left radiculopathy and mild-moderate bilateral carpal tunnel syndrome. MRI of cervical spine performed December 22, 2010 show disc bulges at C4-5, C5-6, and C6-7. Patient also experiences similar symptoms for the low back with radiation to the left lower extremity, and then also developed left knee symptoms. MRI of the lumbar spine performed in June 11, 2013 showed likely Hemangioma at L2 with the rest of the structures unremarkable. Of note, patient also has hypertension, atrial fibrillation, and insomnia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

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

**Decision rationale:** As stated in CA MTUS Chronic Pain Medical Treatment Guidelines page 63, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They also show no benefit beyond NSAIDs in pain and overall improvement. There is note of use of muscle relaxants cyclobenzaprine and tizanidine since July 31, 2013 in addition to Soma. This patient is also already on NSAID therapy. Additionally, there is no evidence to support use of multiple muscle relaxants especially in combination with Soma. Therefore, the request for cyclobenzaprine was not medically necessary per the guideline recommendations of MTUS.

**HYDROCODONE APAP #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**Decision rationale:** As noted on page 79-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on several opioid medications since July 31, 2013 (Vicodin, Norco, Lorcet, and Lortab). There is no documentation regarding the functional gains derived from these medications that would support continued use. Therefore, the request for hydrocodone APAP was not medically necessary per the guideline recommendations of MTUS.

**LOSARTAN POTASSIUM 50MG #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation NON-MTUS.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: FDA (LOSARTAN).

**Decision rationale:** According to the FDA, Losartan is indicated for the treatment of hypertension, which may be used alone or in combination with other antihypertensive agents. In patients who are elderly, volume-depleted, or with compromised renal function, co-administration of NSAIDs may result in deterioration of renal function, including possible acute

renal failure. In this case, there is documentation of diagnosis with hypertension. Progress note dated October 21, 2013 showed BP of 156/104. There is no documentation regarding this patient's anti-hypertensive regimen or BP goal. In addition, with long-term use of NSAIDs and other medications, there is also no documentation regarding patient's kidney function which may be compromised with concurrent intake of Losartan. Therefore, the request for Losartan was not medically necessary.

**OMEPRAZOLE 20MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

**Decision rationale:** As stated on page 68 of the California MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients who are at high risk for gastrointestinal events. In this case, patient has been using omeprazole since July 31, 2013. There is no documentation regarding any adverse gastrointestinal effects of medications or an underlying gastrointestinal disorder. Therefore, the request for omeprazole 20mg #60 was not medically necessary per the guideline recommendations of MTUS, ODG and FDA.

**NAPROXEN SODIUM 500MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

**Decision rationale:** As stated in page 46 of the California MTUS chronic pain medical treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on naproxen since July 31, 2013. There has been no documentation of improvement in patient's symptoms or functional abilities since, and long-term use of this medication is not recommended. Therefore, the request for naproxen was not medically necessary per the guideline recommendations of MTUS.