

<b>Case Number:</b>	CM13-0072370		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	01/06/2010
<b>Decision Date:</b>	08/01/2014	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 27-year-old male with a reported date of injury on 01/06/2010. The mechanism of injury was reported as a branch falling and hitting the injured worker in the left shoulder and head. The injured worker presented with low back pain rated at a 6/10, cervical pain rated at a 5/10, left jaw pain rated at a 5/10 and chest wall pain rated at a 6/10. The physician indicated that the injured worker had no history of ulcer, hemoptysis or hematochezia and denied any history of cardiac issues. Upon physical examination, there was noted tenderness to the cervical and lumbar spines. The lumbar range of motion revealed flexion to 60 degrees, extension to 50 degrees and lateral tilt to 50 degrees bilaterally as well as left rotation to 40 degrees. In addition, there was tenderness noted to the anterior chest wall. The injured worker underwent upper extremity nerve conduction studies on 03/26/2013, revealing normal nerve conduction study. The injured worker's diagnoses included a protrusion at C3-4 with left foraminal narrowing, lumbar spondylosis and left TMJ and chest wall pain. The injured worker's medication regimen included hydrocodone, naproxen sodium, cyclobenzaprine and Colace as well as pantoprazole. The injured worker indicated that NSAIDs decreased the pain by 3 points on the pain scale and enabled greater range of motion, particularly in the early or later hours of the day. In addition, the cyclobenzaprine results in significant diminution in spasms. The documentation did not include a rationale for the request for an MRI of the anterior wall.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI of anterior walls/ribs:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Costochondritis: diagnosis and treatment, from the American Family Physicians journal.

**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: Drugs.com.

**Decision rationale:** The injured worker is a 27-year-old male with a reported date of injury on 01/06/2010. The mechanism of injury was reported as a branch falling and hitting the injured worker in the left shoulder and head. The injured worker presented with low back pain rated at a 6/10, cervical pain rated at a 5/10, left jaw pain rated at a 5/10 and chest wall pain rated at a 6/10. The physician indicated that the injured worker had no history of ulcer, hemoptysis or hematochezia and denied any history of cardiac issues. Upon physical examination, there was noted tenderness to the cervical and lumbar spines. The lumbar range of motion revealed flexion to 60 degrees, extension to 50 degrees and lateral tilt to 50 degrees bilaterally as well as left rotation to 40 degrees. In addition, there was tenderness noted to the anterior chest wall. The injured worker underwent upper extremity nerve conduction studies on 03/26/2013, revealing normal nerve conduction study. The injured worker's diagnoses included a protrusion at C3-4 with left foraminal narrowing, lumbar spondylosis and left TMJ and chest wall pain. The injured worker's medication regimen included hydrocodone, naproxen sodium, cyclobenzaprine and Colace as well as pantoprazole. The injured worker indicated that NSAIDs decreased the pain by 3 points on the pain scale and enabled greater range of motion, particularly in the early or later hours of the day. In addition, the cyclobenzaprine results in significant diminution in spasms. The documentation did not include a rationale for the request for an MRI of the anterior wall.

**Naproxen sodium 550mg #90, dispensed on December 9, 2013:** Upheld

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

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

**Decision rationale:** According to the California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. The clinical documentation provided for review indicates that the injured worker, with the utilization of NSAIDs, decreases his pain score by 3 points on a 10 point scale. It also increases greater range of motion, particularly in the earlier and later hours of the day. There is a lack of documentation related to the pain level VAS score before and after medication. In addition, there is a lack of documentation related to the injured

worker's functional deficits, to include range of motion values in degrees. According to the documentation provided for review, the injured worker has utilized NSAIDs prior to 09/04/2013. There is a lack of documentation related to the therapeutic and functional benefits related to the long-term utilization of Naproxen. In addition, the guidelines state that NSAIDs are recommended as an option for short-term, symptomatic relief. Therefore, the request for naproxen sodium 550 mg #90 is not medically necessary.

**Pantoprazole 20mg #90, dispensed on December 9, 2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** The California MTUS Guidelines state that injured workers at risk for gastrointestinal events are recommended to utilize a nonselective NSAID with either a PPI (proton pump inhibitor) or misoprostol, a COX-2 selective agent. Long-term PPI use has been shown to increase the risk of hip fracture. To determine if the injured worker is at risk for gastrointestinal events, documentation should include age of greater than 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an coagulant or high dose multiple NSAIDs. The clinical documentation dated 12/03/2013, indicates the injured worker has no history of ulcer, hemoptysis or hematochezia and denies any history of cardiac disease. According to the documentation, the injured worker has been utilizing pantoprazole since prior to 09/2013. The functional and therapeutic benefit related to the long-term use is not provided within the documentation available for review. In addition, the request as submitted failed to provide the frequency and directions for use. Therefore, the request for pantoprazole 20 mg #90 to dispense on 12/09/2013 is non-certified.

**Cyclobenzaprine 7.5mg #90 dispensed on December 9, 2013: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

**Decision rationale:** The California MTUS Guidelines indicate that cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that a shorter course may be better. Treatment should be brief. The clinical documentation indicates that the injured worker has been utilizing cyclobenzaprine since prior to 09/2013. The functional and therapeutic benefit related to the long-term use of cyclobenzaprine is not documented within the clinical information provided for review. The guidelines recommend cyclobenzaprine using a short course of therapy. In addition, the request as submitted failed to provide frequency and

directions for use. Therefore, the request for cyclobenzaprine 7.5 mg #90 to dispense on 12/09/2013 is non-certified.