

<b>Case Number:</b>	CM13-0072763		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	12/01/2009
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 Internal Medicine, Pulmonary Diseases, 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 57-year-old who reported injury on 12/09/2013 with the mechanism of injury being a slip and fall with a hyperextension of the right leg, the patient's left knee hitting the ground and the patient's face hitting a guardrail. The clinical documentation dated 12/04/2013 revealed the patient had pain in the left great toe and feet stiffness. The request for medications included Naprosyn, omeprazole, Neurontin, Flexeril and Vicodin. The patient's diagnoses included chronic myofascial pain syndrome and chronic left great toe pain. The patient's medication history included NSAIDS, PPIs, antiepileptic drugs and muscle relaxants as of 01/2013. The appeal dated 12/24/2013 revealed that the patient's pain had been controlled with Neurontin and the patient had parenthetic pain in the left lower extremity and foot. The patient was noted to be stable on the medication. Regarding the omeprazole, the patient had a history of taking gastritis while taking NSAIDS alone. The patient had previously taken Motrin but had gastritis type symptoms. It was indicated that the patient qualified for omeprazole as the patient continued to take high doses of NSAIDS and had a history of GERD while taking the NSAID alone. Regarding the Naprosyn, the medication was needed to help with inflammation in the left great toe and left knee. Regarding the Muscle relaxants, the patient had acute muscle spasms in the great toe and left knee and had been taking Zanaflex but the medication was not relieving the muscle spasms and as such, the patient was switched to the current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 550, MG #100 WITH ONE REFILL 1 TAB BID:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Treatment Page(s): 66,73.

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

**Decision rationale:** California MTUS Guidelines recommend NSAIDS for short term symptomatic relief. There should be documentation of objective functional improvement and an objective decrease in the VAS score. The patient had been taking the medication for more than 6 months. The clinical documentation per the note of 12/24/2013 revealed that the patient was taking Naprosyn to help with inflammation of the great left toe and left knee. However, there was a lack of documentation of the efficacy of the requested medication. The request additionally was for 1 refill. There was a lack of documentation indicating a necessity for 1 refill. Given the above, the request for naproxen 550 mg #100 with 1 refill 1 tab twice a day is not medically necessary.

**OMEPRAZOLE 20MG #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Nsaids, Gi Symptoms & Cardiovas.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, NSAIDS Page(s): 69.

**Decision rationale:** California MTUS Guidelines recommend that patients at intermediate risk for GI events and no cardiovascular disease should take nonselective NSAIDS with either a PPI or misoprostol. Additionally, it indicates that PPIs are appropriate for the treatment of dyspepsia secondary to NSAID therapy. The patient was noted to have gastrointestinal positive reflex. The patient had been taking the medication for more than 6 months. However, as there was a lack of documentation of the efficacy of the requested medication and the medication naproxen is not medically necessary, the request for omeprazole 20 mg #100 is not medically necessary. The patient was noted to be taking the medication for greater than 1 year.

**NEURONTIN 600MG #100 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Antiepileptic Drugs (AEDS) Page(s):.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Medical Treatment Guidelines, Antiepileptic Drugs Page(s): 16.

**Decision rationale:** California MTUS Guidelines recommend antiepileptic drugs as a first line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in the pain and objective functional improvement. Clinical documentation submitted for review indicated the patient had been taking the medication for greater than 6 months. Per

the physician's documentation, the patient had a good safety profile and the medication had controlled the patient's pain for years. Additionally, it was noted the patient had pain in her left lower extremity and foot and had been stable on the medication. However, there was a lack of documentation indicating an objective decrease in pain and documentation of an objective functional improvement. The request as submitted failed to provide the necessity for 2 refills of the medication. Given the above, the request for Neurontin 600 mg #100 with 2 refills is not medically necessary.

**FLEXERIL 7.5MG (NO FREQUENCY OR AMOUNT REQUESTED): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Treatment: Cyclobenzaprine ( Flexeri.

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

**Decision rationale:** California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended less than 3 weeks. There should be documentation of objective functional improvement. Clinical documentation submitted for review indicated the patient had been on this classification of medication for greater than 6 months. The physician documented that the patient had been suffering from acute muscle spasms in the great toe and left knee and had been taking Zanaflex which was ineffective and therefore, the patient was switched to Flexeril. However, muscle relaxants are recommended for no longer than duration of 3 weeks. Additionally, the request as submitted failed to indicate a quantity of medication being requested. Given the above, the request for Flexeril 7.5 mg is not medically necessary.