

<b>Case Number:</b>	CM14-0014240		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	07/11/1997
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	01/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2014

### 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:

This 48 year old patient had a date of injury on 7/11/1997. The mechanism of injury was not noted. On a physical exam dated 1/15/2014, the patient reported his pain increased and spasm were present. He reported his medication was subtherapeutic with lots of breakthrough pain and he was unable to perform activities of daily living. Objective findings included bilaterla tenderness and spasm from T8-S1 in the paraspinous muscles, decreased lumbar range of motion. Normal cervical spine range of motion. Diagnostic impression: lumbar region failed back surgery syndrome, lumbar radiculopathy, spasm of muscle, constipation, depression, insomnia. Treatment to date: medication therapy, behavioral modification. A UR decision on 1/27/2014 denied the request for dates 1/15/2014 and 3/22/2014 Diclofenac SR 100 mg #60, Norco 10/325mg #120, Flexeril 10mg #60, and Omeprazole 20mg #60. Diclofenac 100mg is recommended by MTUS to be used at lowest effective dose for shortest duration of time consistent with the individual patient treatment goals. All NSAIDs carry risk fo adverse cardiovascular events, and ODG states Diclofenac is not recommended as 1st line treatment. Also the patient has been prescribed dosages above recommendations of greater than 150mg max/day. Norco does not appear to be indicated at this time as guidelines state use is indicated for patients in moderate to severe pain with a maximum recommended dosage of 60mg/day of hydrocodone and 4g acetaminophen. The patient has seen no overall quantifiable improvement in function or pain with long term use of Norco. Flexeril is not recommended beyond a 2-3 week period and unless the patient experiences an acute excacerbation. Omeprazole was denied based on the fact the patient does not appear to be at risk for gastrointestinal events based on discussed guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for diclofenac sr 100 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter.

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Guidelines recommend physicians to avoid Voltaren because of the significant risk of cardiovascular events. There is no rationale provided as to why the patient has not taken a 1st line NSAID or a discussion of the risk versus benefits of using Voltaren in this patient. Therefore, the request for diclofenac 100mg SR #60 is not medically necessary.

**1 prescription for norco 10/325 mg #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On a progress note dated 1/15/2014, there was evidence of CURES monitoring, urine drug tests, and a pain contract. However, in the reports viewed, there was no documented functional improvement noted with the patient's current opioid regimen. Therefore, the request for Norco 10/325 mg #120 was not medically necessary.

**1 prescription for flexeril 10 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In the reports viewed, there is no documentation of an acute exacerbation of the patients' pain. Furthermore, the patient has been documented to have been on cyclobenzaprine 10mg bid prn #60 at least since 12/18/2013. Therefore, the request for flexeril 10mg #60 is not medically necessary.

**1 prescription for omeprazole 20 mg #60: Upheld**

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

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

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. The FDA states that it is indicated for the treatment of GI disorders such as gastric/duodenal ulcers, GERD, erosive esophagitis, etc. It is also commonly utilized to prevent/treat the gastric irritation common in patients utilizing chronic NSAID therapy. In this case, Omeprazole is not appropriate for GI prophylaxis since the request for Voltaren was determined not to be medically necessary. Therefore, the request for Omeprazole 20mg#60 is not medically necessary.