

<b>Case Number:</b>	CM14-0018350		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	02/27/2008
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The patient is a 59 year old male who was injured on 2/27/08. The mechanism of injury was not provided for review. Prior treatment history has included Norco 10/325mg, Elavil 10mg, Prilosec 20mg, Ketoprofen, and Flexeril 7.5mg. The patient underwent a cervical epidural injection on 11/7/13. X-rays of the right hand and wrist from 10/27/11 revealed a probable evulsion fracture at the base of the scaphoid bone, and mild degeneration changes at the ulnar and carpal bone. An MRI of the right wrist dated 1/25/12 demonstrates 1) Scaphoid carpal bone cystic change and edema at the capitates and lunate; 2) Suggested scaphoid lunate ligamentous injury with scaphoid lunate association; and 3) Negative ulnar variance. A PR-2 dated 1/17/14 indicates that the patient has complaints of pain with burning sensation in his neck rated at 5/10 with cramping and numbness in the lower back rated at 4/10. Objective findings on exam revealed no tenderness to palpation of the cervical spine. There is spasm noted. There is lumbar spine tenderness to palpation, left greater than the right, on the lumbar spine. He has limitation in range of motion throughout. He has diminished sensation to the left C5-C6 dermatomes. Lower extremity sensation is diminished to the right L5 and the lesser degree in the right S1 dermatome. Motor exam reveal left deltoid, biceps, wrist extensors, and wrist flexors weakness at 4+/5, right TA evertors and plantar flexors are 4+/5, and bilateral lower extremities flexors are decreased bilaterally. Right wrist exam reveals tenderness along with swelling above the volar right wrist. There is marked swelling of the thenar eminence as well. He has good capillary refill and 2+ radial pulses are noted. There is positive Tinel's at the right wrist and the right elbow as well as a positive Phalen's's at the right wrist. The patient is diagnosed with status post cervical surgery with 1) Persisted radiculopathy, 2) multiple HNPs of the cervical spine, 3) Bilateral shoulder impingement status post left shoulder surgery, 4) Multiple HNPs of the lumbar spine, and 5) Degenerative disc disease of the cervical spine with radiculopathy.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PRESCRIPTION FOR CYCLOBENZAPRINE 7.5MG TABLET #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, ANTISPASMODICS, 64

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , CYCLOBENZAPRINE (FLEXERIL), 41 - 42

**Decision rationale:** According to the California MTUS guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended. According to Drugs.com, interactions between Cyclobenzaprine and morphine can lead to central nervous system and/or respiratory depressant effects. These may be additively or synergistically increased in patients taking multiple drugs that cause these effects, especially in elderly or debilitated patients. As the guidelines did not recommend the use of opioid medication with Cyclobenzaprine due to the additive synergistic respiratory-depressant effects, this medication would not be indicated. Furthermore, the patient already is taking amitriptyline which is similar to the action of Cyclobenzaprine, and yet the patient has no significant improvement of pain and function. Therefore, the request is not medically necessary according to the guidelines.

### **PRESCRIPTION FOR OMEPRAZOLE 20MG CAPSULE #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68-69

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NSAIDS, GI SYMPTOMS & CARDIOVASCULAR RISK, 68

**Decision rationale:** According to the California MTUS guidelines, Omeprazole, a proton pump inhibitor (PPI) is recommended in patients who are at intermediate risk for GI events. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. In the absence of documented subjective symptoms of peptic ulcer, GI bleeding or perforation, as well as the absence of high doses of NSAIDs, the request is not medically necessary.

### **PRESCRIPTION FOR KETOPROFEN 75MG CAPSULE #180: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, NSAIDS, SPECIFIC DRUG LIST & ADVERSE SIDE EFFECTS,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS, 72

**Decision rationale:** According to the California MTUS guidelines, Ketoprofen 50mg is recommended for mild to moderate pain due to osteoarthritis. The medical records reveal that the patient is taking Ketoprofen 75mg once per day, which is not recommended. The guidelines recommend regular release capsule 50mg every 6-8 hours for mild to moderate pain. Therefore, the request is not medically necessary according to the guidelines.

**PRESCRIPTION FOR HYDROCODONE/APAP 10/325MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN GUIDELINES, OPIOIDS, 91

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, 74-96

**Decision rationale:** According to the California MTUS guidelines, Norco (Hydrocodone/APAP) is a short-acting opioid that is recommended for intermittent or breakthrough pain. The patient has been on Norco since 4/23/13. There is no documentation of monitoring of opioids through drug screening nor is there documentation of significant improvement of pain and function. Also, this medication is not indicated for long-term use. In addition, the patient is on amitriptyline, which is not recommended to be taken with opiate medications. Therefore, the request is not medically necessary according to the guidelines.