

<b>Case Number:</b>	CM14-0151170		
<b>Date Assigned:</b>	09/19/2014	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2014

### 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, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 40 year-old male with a history of a work injury occurring on 04/03/09 when he stepped on a forklift and injured his right ankle with a fibular fracture and ligament injury. In June 2009 he underwent a right ankle arthrotomy with removal of loose bodies and perineal tendon repair. He had post-operative physical therapy. Subsequent treatments have also included injections and orthotics. He was seen on 03/26/14. He was having pain radiating from his foot to his right lower leg and burning over the right ankle. Medications were tramadol 50 mg three times per day as needed. Physical examination findings included a normal gait. There was decreased right ankle range of motion with tenderness. Recommendations included continuing Tramadol. He was seen by the requesting provider on 04/24/14. He had right ankle pain radiating to his foot for two weeks. Pain was rated at 7/10. He reported Tramadol as helpful but not lasting long enough. There were no medication side effects. Physical examination findings included tenderness. Topical medications were refilled. Tramadol ER was prescribed. He was to continue using TENS. On 08/29/14 pain was rated at 7/10. He was having low back pain and intermittent right ankle pain. Physical examination findings are documented as decreased right ankle range of motion with hypesthesia over the ankle surgical scar. Authorization for chiropractic care was requested. He was continuing to work. Omeprazole 20 mg #60, Cyclobenzaprine 7.5 mg #60, and Fenopfen 400 mg #60 were prescribed and authorization for six sessions of chiropractic treatment for low back pain was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 68-71.

**Decision rationale:** The claimant is more than 5 years status post work related injury to the right ankle including sustaining a fibular fracture. Treatments have included physical therapy, medications, orthotics, and he underwent left ankle arthroscopic surgery. He continues to be treated for ankle pain and chronic low back pain. Medications include the NSAID Fenoprofen which is being prescribed on a long term basis at 400mg two times per day. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-steroidal anti-inflammatory medication, but at a low, sub therapeutic dose. Guidelines do not recommend that a proton pump inhibitor such as omeprazole be prescribed. The request for Omeprazole 20mg #60 is not medically necessary.

**Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants Page(s): 41, 63.

**Decision rationale:** The claimant is more than 5 years status post work related injury to the right ankle including sustaining a fibular fracture. Treatments have included physical therapy, medications, orthotics, and he underwent left ankle arthroscopic surgery. He continues to be treated for ankle pain and chronic low back pain. Medications include cyclobenzaprine started on 08/29/14. A non-sedating muscle relaxant is recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory medication in pain and overall improvement. Flexeril (Cyclobenzaprine), it is closely related to the tricyclic antidepressants. In this case, when seen by the requesting provider, there were no reported findings of muscle spasm. There was no acute injury or exacerbation. Therefore, Cyclobenzaprine was not medically necessary.

**Fenoprofen 400mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 73.

**Decision rationale:** The claimant is more than 5 years status post work related injury to the right ankle including sustaining a fibular fracture. Treatments have included physical therapy, medications, orthotics, and he underwent left ankle arthroscopic surgery. He continues to be treated for ankle pain and chronic low back pain. Medications include the NSAID Fenoprofen which is being prescribed on a long term basis at 400mg two times per day. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Fenoprofen for osteoarthritis is 300-600mg 3 to 4 times per day and for mild to moderate pain 200mg every 4 to 6 hours as needed. In this case, the dose being prescribed is not consistent with recommended dosing guidelines and therefore, not medically necessary.

**Chiropractic Therapy 1 Time per Week for 6 Weeks for Chronic Back Pain:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

**Decision rationale:** The claimant is more than 5 years status post work related injury to the right ankle including sustaining a fibular fracture. Treatments have included physical therapy, medications, orthotics, and he underwent left ankle arthroscopic surgery. He continues to be treated for ankle pain and chronic low back pain. Chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions with a trial of 6 visits with treatment beyond 4-6 visits with documented objective improvement in function. The requested number of visits is within the applicable guidelines; therefore, the request is medically necessary.