

<b>Case Number:</b>	CM14-0028135		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	08/13/2014	<b>UR Denial Date:</b>	02/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2014

### 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 Oklahoma and Texas. 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 60-year-old male with a reported date of injury on 05/13/2011. The mechanism of injury was not submitted within the medical records. His diagnoses were noted to include a medial meniscus tear to the right knee, medial synovial plica to the right knee status post right knee arthroscopy with partial medial meniscectomy and resection of the medial plica, musculoligamentous sprain of the cervical spine with disc bulges, musculoligamentous sprain of the lumbar spine with lower extremity radiculitis and disc bulges, tendonitis of the right shoulder with possible internal derangement, right elbow lateral epicondylitis, cubital tunnel syndrome to the right elbow, DeQuervain's tendonitis to the right wrist, carpal tunnel syndrome to the right wrist and a contusion to the right knee. His previous treatments were noted to include physical therapy and medications. The progress note dated 03/07/2014 indicated that the injured worker was taking tramadol and methocarbamol since his other medications had been denied. The injured worker complained of neck pain that radiated down his right arm, right knee pain with a lot of clicking and popping, right wrist pain with swelling, right elbow pain with swelling and low back pain that was getting worse and that traveled down his right leg and foot. The physical examination noted right shoulder abduction was to 70 degrees. His medications were noted to include methocarbamol 750 mg #90 1 three times a day for a muscle relaxant, tramadol 50 mg #200 at 1 to 2 four times a day as needed for pain, naproxen sodium 550 mg #60 as an anti-inflammatory and omeprazole 20 mg #60 as a proton pump inhibitor to be used in conjunction with anti-inflammatory medications. The Request for Authorization form was not submitted within the medical records. The request is for omeprazole 20 mg #60 to be used in conjunction with NSAIDs, naproxen sodium 550 mg #60 for inflammatory pain and methocarbamol 750 mg #90 for a muscle relaxant.

## 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, GI SYMPTOMS & CARDIOVASCULAR RISK.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2013. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that the clinician should determine if the injured worker is at risk for gastrointestinal events, such as age over 65 years, a history of peptic ulcer, gastrointestinal bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple Non-steroidal anti-inflammatory drug (NSAIDs). There is a lack of documentation regarding the injured worker being at risk for gastrointestinal events. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

**NAPROXEN SODIUM 500MG, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2013. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend Non-steroidal anti-inflammatory drug (NSAIDs) at the lowest dose for the shortest period in injured workers with moderate to severe pain in regards to osteoarthritis. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for injured workers with moderate to severe pain. The guidelines recommend that for acute exacerbations of chronic pain, NSAIDs are to be utilized as a second-line treatment after acetaminophen. The guidelines recommend NSAIDs as an option for chronic low back pain for short-term symptomatic relief. The injured worker has been utilizing this medication for over 6 months; and despite evidence of significant pain relief, the guidelines recommend a short-term treatment with NSAIDs. Additionally, the request fails to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.

**METHOCARBAMOL 750MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS (FOR PAIN).

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

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2013. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations in injured workers 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 drug (NSAIDs) in pain and overall improvement. Also, there was no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been utilizing this medication for over 6 months and rated his pain at an 8/10 without medications and a 3/10 with medications. The guidelines recommend muscle relaxants for short-term treatment, and efficacy appears to diminish over time. Also, prolonged use of some of the medications in this class may lead to dependence. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary and appropriate.