

<b>Case Number:</b>	CM14-0034517		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	12/14/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 51 year old male with a date of injury on 12/14/2009. Patient has been treated for ongoing symptoms for an injury to the left knee, ankle, and foot. Diagnoses include reflex sympathetic dystrophy of left lower limb, ankle sprain, knee bursitis, and post arthroscopy of the left knee. Subjective complaints are of left knee and left ankle pain. Pain was rated at 8/10. Physical exam showed abnormal gait, left knee swelling and tenderness over lateral joint line. Patellar tilt and Apley's compression test were positive, and range of motion was decreased. There was left ankle talo-fibular tenderness, and tenderness over the midfoot and tarsal tunnel. Medications include Relafen, Nucynta, Gabapentin, Flexeril, Elavil, and Omeprazole. Records indicate that patient has substantial pain relief and functional improvement with medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Zaleplon 10 MG Quantity 30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Insomnia Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) PAIN, INSOMNIA TREATMENT.

**Decision rationale:** The ODG recommends Sonata for short-term use (7-10 days) is indicated, and a controlled trial showing effectiveness for up to 5 weeks. For this patient, the records do not identify the extent or type of insomnia that this patient suffers from. Furthermore, guidelines only recommend this medication for short term use. Therefore, the medical necessity of Sonata is not medically necessary.

**Cyclobenzaprine HCL 7.5 MG Quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

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

**Decision rationale:** Chronic Pain Medical Treatment Guidelines indicate that the use of cyclobenzaprine should be used as a short term therapy and the effects of treatment are modest and may cause adverse affects. This patient had been using a muscle relaxer chronically, which is longer than the recommended course of therapy of 2-3 weeks. Furthermore, muscle relaxers in general show no benefit beyond (NSAIDS) non-steroidal anti-inflammatory drugs in pain reduction of which the patient was already taking. There is no evidence in the documentation that shows evidence of muscle spasm or that the patient experienced improvement with the ongoing use of cyclobenzaprine. Due to clear guidelines suggesting cyclobenzaprine as short term therapy and no clear benefit from adding this medication the requested prescription for cyclobenzaprine is not medically necessary.

**Nucynta 50 MG Quantity 240:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96.

**Decision rationale:** The patient in question has been on chronic opioid therapy. Chronic Pain Medical Treatment Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of Chronic Pain Medical Treatment opioid compliance guidelines, risk assessment, updated urine drug screening, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.

**Omeprazole 20 MG Quantity 30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
NSAIDS/GI RISK.

**Decision rationale:** According to Chronic Pain Medical Treatment Guidelines, a proton pump inhibitor can be added to NSAID therapy if the patient is at an intermediate to high risk for adverse GI events. Guidelines identify the following as risk factors for GI events: age >65, history of peptic ulcer, GI bleeding or perforation, use of ASA, corticosteroids, anticoagulant use, or high dose NSAIDS. The ODG suggests that PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDS. This patient is on chronic NSAID therapy, and is using omeprazole for GI prophylaxis. Therefore, the use of omeprazole is consistent with guideline recommendations and is medically necessary.