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| <b>Case Number:</b>   | CM14-0041949 |                              |            |
| <b>Date Assigned:</b> | 06/30/2014   | <b>Date of Injury:</b>       | 03/04/2013 |
| <b>Decision Date:</b> | 08/19/2014   | <b>UR Denial Date:</b>       | 03/25/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 04/07/2014 |

### 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 orthopedic surgeon, 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:

This is a 31-year-old female who tripped over some pallets while at work on 3/4/2013. She landed in the kneeling position and had immediate onset of pain in her right knee that after a month was followed by shoulder and back pain. X-rays of her right knee were taken. She was given a set of crutches and provided with ibuprofen which caused her to have insomnia and lack of appetite. This was changed to a medication that gave her headaches and dizziness. She was later prescribed Tylenol. She received a steroid injection into her right knee which caused headaches and insomnia. Patient attempted to return to work on several occasions but pain always caused her to have to stop working. She had an MRI scan of her lumbar spine which showed multiple level degenerative disc disease with protrusion. Patient is now on cyclobenzaprine, hydrocodone, naproxen, omeprazole, and tramadol

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #20:** Upheld

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

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

**Decision rationale:** The chronic pain guidelines recommends cyclobenzaprine for a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended. This patient has had symptoms of dizziness with other medications. Dizziness is one of the side effects of cyclobenzaprine. There is no documentation as to whether the drug is effective or whether it causes any side effects. Therefore according to the guidelines, the medical necessity of continued use of cyclobenzaprine is not medically necessary.

**Naproxen 550mg:** 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): 67-69.

**Decision rationale:** NSAIDs are recommended for the shortest possible course of treatment. For chronic low back pain is recommended for short-term symptomatic release. It can be used for the treatment of exacerbations of chronic pain. It has a number of side effects that need to be taken into consideration. There is no documentation in the record as to what effect this medication is having on the patient's pain or whether she is experiencing any side effects. Therefore, according to the guidelines, the medical necessity for continuing to use Naproxen is not medically necessary.

**Omeprazole 20mg:** 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 GI symptoms Page(s): 68-69.

**Decision rationale:** Omeprazole is recommended for patients who are an intermediate risk for gastrointestinal events while taking NSAIDs. Risk factors include age greater than 65. History of peptic ulcer or GI bleeding. Concurrent use of aspirin, corticosteroid or anticoagulant, or high dose NSAIDs. There is no indication in the medical record that this patient has any of these risk factors. Therefore, the request is not medically necessary.