

<b>Case Number:</b>	CM14-0042907		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	04/11/2005
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/09/2014

### 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 Occupational 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 33-year-old male who has submitted a claim for bilateral upper extremity repetitive motion/cumulative trauma, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, right wrist status post carpal tunnel release, right elbow status post ulnar nerve decompression, right thoracic outlet syndrome, cervical sprain/strain, chronic headaches, thoracic sprain/strain, and lumbar sprain/strain associated with an industrial injury date of April 11, 2005. Medical records from 2013-2014 were reviewed. The patient complained of neck and bilateral upper extremity pain, rated 5-7/10 in severity. The neck pain was severe and starts on one side of the head and rotates to the other. Headache was also present. The upper extremity pain was described as pressure, pulsing, aching, numbing and throbbing. He also has neuropathic pain symptoms including numbness and tingling in the upper and lower extremities. Physical examination showed tenderness over the bilateral paravertebral cervical, bilateral trapezius, and parascapular musculature. There was limited range of motion of the cervical spine due to pain. There was tenderness noted over the bilateral upper extremities. Decreased range of motion of the shoulder was noted as well. There was decreased strength 4/5 over the bilateral upper extremities. Imaging studies were not available for review. Treatment to date has included medications, physical therapy, TENS unit, home exercise program, activity modification, right carpal tunnel release, and right ulnar nerve decompression (cubital tunnel release). Utilization review, dated April 2, 2014, denied the requests for 150 tablets of Baclofen 20mg because muscle relaxants were recommended only for short-term treatment; and 30 capsules of Prilosec 40mg because the indication for this medication was not clear and no risk factors for GI events were described.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**150 Tablets of Baclofen 20mg: Upheld**

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

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

**Decision rationale:** According to page 63 of the CA MTUS Chronic Pain Medical Treatment Guidelines, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Furthermore, drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene, and baclofen. In this case, the patient has been on baclofen since September 2013. A progress report dated March 13, 2014 stated that the patient has been trialed on numerous other muscle relaxants over the last 10 years which have not been effective for the patient and Baclofen is the only thing that works to help reduce his full-body muscle spasms and myofascial pain. However, baclofen is not intended for long-term use and is one of the drugs with the most limited published evidence of effectiveness as per the guidelines stated above. Therefore, the request for 150 Tablets of Baclofen 20mg is not medically necessary.

**30 Capsules of Prilosec 40mg: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x Chronic Pain Medical Treatment Guideline, NSAIDS, GI Symptoms and Cardiovascular Risk, page 68 Page(s): 68.

**Decision rationale:** Prilosec is a brand name for the proton pump inhibitor omeprazole. According to page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are recommended for patients at intermediate risk for gastrointestinal events. Risk factors for gastrointestinal events include age >65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulants; or high dose/multiple NSAID. In this case, the patient started taking Prilosec since September 2013. The patient is concurrently taking Norco and Ibuprofen since at least November 2013 and complains of heartburn as a side effect from the medication. A progress report dated November 7, 2013 states that Prilosec does provide him with temporizing relief. As patient continues on NSAID and has demonstrated improvement on Prilosec, medical necessity has been established. Therefore, the request for 30 Capsules of Prilosec 40mg is medically necessary.

