

<b>Case Number:</b>	CM14-0056313		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/14/1999
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/25/2014

### 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 72-year-old female with a 4/14/99 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/19/14, the patient continued to complain of pain in her lower back, which radiated down to her right lower extremity. She had undergone a lumbar epidural injection on 12/12/13 which had improved her mobility and activity tolerance. She rated her low back pain as a 6 in intensity, manageable on her current medical regimen. Objective findings: tenderness to palpation of posterior lumbar musculature and increased muscle rigidity bilaterally, trigger points that were palpable and tender throughout the lumbar paraspinal muscles, decreased range in both lumbar flexion and extension, decreased sensation along the posteriolateral thighs and lateral calves bilaterally in approximately the L5 distribution. The diagnostic impression included cervical spine sprain/strain syndrome; status post anterior cervical fusion on 9/9/14; bilateral carpal tunnel syndrome, status post carpal tunnel release; lumbar spine sprain/strain syndrome; herniated nucleus pulposus at L4-5 and L5-S1; thoracic spine sprain/strain syndrome; bilateral lower extremity radiculopathy; reactionary depression/anxiety. The patient's treatment to date includes medication management, activity modification, ESI, spinal cord stimulator, surgery. A UR decision dated 4/3/14 denied the request for Anaprox, Prilosec, and Fexmid. Regarding Anaprox, there is no acute pain or exacerbation of pain or breakthrough pain. Regarding Prilosec, its prophylactic use is not considered necessary since the NSAID is not certified. Regarding Fexmid, the claimant does not currently have acute myospasm or breakthrough.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550 mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

**Decision rationale:** The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. It is documented that the patient's lower back pain is manageable on her current medical regimen. The guidelines support the use of naproxen in the presence of pain improvement. Therefore, the request for Anaprox DS 550 mg # 60 was medically necessary.

**Prilosec 20 mg # 60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non steroidal anti-inflammatory drugs), GI (gastrointestinal) symptoms and cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Chapter - Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Other Medical Treatment Guideline or Medical Evidence: FDA (Prilosec).

**Decision rationale:** MTUS and the FDA support proton pump inhibitors in the treatment of patients with GI disorders such as; gastric/duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. Prilosec is a proton pump inhibitor (PPI), used in treating reflux esophagitis and peptic ulcer disease. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. The patient is currently taking naproxen. Guidelines support the prophylactic use of Omeprazole for patients utilizing chronic NSAID therapy. Therefore, the request for Prilosec 20 mg #60 was medically necessary.

**Fexmid 7.5 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Antispasticity drugs, Antispasmodics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2  
Page(s): 41-42.

**Decision rationale:** According to page 41 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. It is documented that the patient has been on cyclobenzaprine since at least 1/16/14, if not earlier. Guidelines do not support the long-term use of cyclobenzaprine. Therefore, the request for Fexmid 7.5 mg #60 was not medically necessary.