

<b>Case Number:</b>	CM14-0056590		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	06/01/2008
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 45 year old patient had a date of injury on 6/1/2008. The mechanism of injury was a trip and fall. In a progress noted dated 9/5/2013, subjective findings included insomnia, snoring, nocturnal gasping for air, latency to sleep onset of 3 hrs despite medications. On a physical exam dated 9/5/2013, objective findings included gaining 20lbs since last visit, headaches in morning, and trouble with activities of daily living. Diagnostic impression shows cervical sprain/strain, thoracic sprain/strain, lumbar sprain/strain. Treatment to date includes: medication therapy, behavioral modification, acupuncture. A UR decision dated denied the request for DOS 9/5/2013 the following medications. Omeprazole 20mg #90 was denied, stating there were no records immediately prior to the date of service which documented existing gastrointestinal complaints. Norco 2.5/325 #240 was denied, stating pain contract was not noted and clinical documentation did not include objective pain assessment indicating moderate to severe pain levels. Cyclobenzaprine 7.5#120 was denied, stating there was no documentation of significant muscle spasm to justify this use. Gabapentin 600mg #60 was denied, stating that there was no evaluation found to determine the presence of neuropathy and CRPS in let upper extremity of this patient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request (DOS: 9/5/13) for 90 capsules of Omeprazole (Prilosec) 20mg: 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 Page(s): 68.

**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. Omeprazole is a proton pump inhibitor, PPI, used in treating reflux esophagitis and peptic ulcer disease. There is no comment that relates the need for the proton pump inhibitor for treating gastric symptoms associated with the medications used in treating this industrial injury. 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. There remains no report of gastrointestinal complaints or chronic NSAID use. In the reports viewed, there were no documentation found prior to 9/5/2013 that supported the patient experiencing gastrointestinal problems or using chronic NSAIDs. Therefore, the request for Omeprazole 20mg #90 DOS 9/5/2013 is not medically necessary.

**Retrospective request (DOS: 9/5/13) for 240 tablets of Hydrocodone/APAP (Norco) 2.5/325mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In the reports viewed, there was no objective documentation available prior to 9/5/2014 of the patient experiencing moderate or severe pain. Furthermore, there was no documentation of CURES monitoring or drug screening during 9/5/2014 to monitor for aberrant drug behavior. Therefore, the request for Norco 2.5/325mg #240 DOS 9/5/2013 is not medically necessary.

**Retrospective request (DOS: 9/5/13) for 120 tablets of Cyclobenzaprine (Fexmid) 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. In the reports viewed, there was no documentation provided during DOS 9/5/2014 or prior that the patient was experiencing an acute exacerbation of pain. Furthermore, the quantity requested is #120, there is lack of documentation regarding the length of treatment intended. Therefore, the request for Fexmid 7.5 mg #120 DOS 9/5/2013 is not medically necessary.

**Retrospective request (DOS: 9/5/13) for 60 tablets of Gabapentin 600mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. However, in the records reviewed, no documentation prior to 9/5/2014 was provided to indicate presence of neuropathy. Therefore, the request for Gabapentin 600mg #60 DOS 9/5/2013 is not medically necessary.