

<b>Case Number:</b>	CM14-0065593		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	11/04/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 Florida. 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 injured worker is a 45-year-old male who reported an injury on 11/04/2003 cause by an unspecified mechanism of injury. The injured worker had a history of left shoulder pain. The diagnoses included chronic pain with multi-level degenerative disc disease, disc protrusion, and cervical spine sprain/strain to the upper left radiculopathy, headaches, depression and anxiety. The past surgical procedures included status post left shoulder arthroscopy/decompression/Mumford's procedure on 08/08/2012. The MRI dated 08/2010 revealed a disc bulge at the C2, at the C7, and a 2-3 mm disc bulge between C6 and C7, mild stenosis at the C3-4 and the C6-7, osteophytes at the C2-C7 and a left shoulder sprain/strain. The Medications included Norco and Zanaflex and Flexeril. The past treatments included cortisone injections and physical therapy. The objective findings dated 08/05/2013 revealed tenderness to the paravertebral muscles with entrapment, impingement, positive guarding to the cervical spine, local neck pain, left shoulder tenderness. The treatment plan included continuation of home exercise therapy, an electromyogram, medications, labs due to prolonged use of Norco. The request for authorization dated 07/11/2013 was submitted with documentation. The rationale for the Norco, Cyclobenzaprine, and Omeprazole were not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 7.5/325mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines on going pain management Page(s): 77-78,91.

**Decision rationale:** The California MTUS guidelines recommend "short acting opioids such as Norco for controlling chronic pain. For ongoing management, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior." Per the clinical note dated 08/05/2013, the clinical note did not address the activities of daily living, adverse side effects, or the efficacy of the medication along with a measurable pain scale. The request did not indicate frequency. As such, the request is considered not medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Scottish Intercollegiate Guidelines Network (SIGN). Management of acute upper and lower gastrointestinal bleeding. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2008 Sep. 57 p. (SIGN publication; no. 105). [194 references].

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

**Decision rationale:** The California MTUS recommends proton pump inhibitors for the treatment of dyspepsia secondary to NSAID therapy. There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. Routine blood pressure monitoring is recommended. The documentation was not evident that the injured worker had a peptic ulcer or gastrointestinal issues. The request did not address the frequency. As such, the request is not medically necessary.

**Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41,64.

**Decision rationale:** The California MTUS states, "Cyclobenzaprine (Flexeril) is recommended for a short course of therapy." Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. This medication is not recommended to be used for longer than 2-3 weeks. The guidelines indicate that "Flexeril is used for a short course, no longer than 2 or 3 weeks. Per the documentation provided, the injured worker has been taking the Flexeril for greater than 2 -3 weeks." There was no evidence that the injured worker had benefitted from the Flexeril. The request did not indicate a frequency. As such, the request is not medically necessary.