

<b>Case Number:</b>	CM14-0075371		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	11/15/2005
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 51-year-old female who has submitted a claim for left lumbosacral strain, left L5-S1 sensory lumbosacral radiculopathy, myofascial pain syndrome, associated with an industrial injury date of November 15, 2005. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 05/07/2014, showed pain in the left iliolumbar ligament and some radiation down the left lower extremity and some intermittent numbness and tingling sensations affecting the left foot. There was no significant weakness of the left lower extremity. There were problems with activities of daily living such as low back pain with standing, sitting, reclining, and walking more than half a mile. Physical examination revealed decreased range of motion of the lumbar spine. There was tenderness in the left iliolumbar ligament. There were muscle spasms and trigger points in the left lumbosacral paraspinal muscles. There was decreased sensation to light touch to the left L5 and left S1 dermatomal distribution. There was no muscle weakness. There was positive left straight leg raise at 40 degrees. The EMG/nerve conduction study, dated 03/12/2014, showed left L5-S1 radiculopathy as evidenced by acute denervation in the left lumbosacral paraspinal, left medial gastroc, left tibialis anterior, and left peroneus longus muscles. MRI of lumbosacral spine, dated 03/03/2014, showed at L5-S1 an increased 3 mm AP annular bulge eccentric to the left abutting the traversing left S1 nerve root. At L3-L4, there was a 2 mm AP annular bulge with endplate eccentric to the right. At L4-L5, there was unchanged 2mm AP annular bulge and endplate spurring eccentric to the right. Treatment to date has included epidural injection, chiropractic treatment, physical therapy, acupuncture treatment, TENS, and medications such as Naprosyn, Gabapentin and Omeprazole since October 2008 and Flexeril since June 2013. Utilization review from 05/16/2014 approved the request for the purchase of Naprosyn 550mg 1 tap by mouth twice a day #100 because use of NSAIDS like Naproxen was medically appropriate and necessary to

manage his pain. The request for Omeprazole 20mg 1 tab by mouth once a day/twice a day #100 was denied because the records provided did not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The request for Flexeril 7.5mg 1 tab by mouth at bedtime/twice a day/three times a day was denied because it was recommended for short course treatment for back pain. Furthermore, the claimant was injured 7 months ago and any evidence of acute exacerbations in pain and spasm was not specified in the records provided. The request for Neurontin 600mg at bedtime, TIB #100 was approved because there was evidence of chronic nerve related/neuropathic pain which was supported with the current guidelines.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naprosyn 550mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Naprosyn since October 2008 for inflammation. However, the recent progress report showed no analgesia and improvement in functional activities. Furthermore, long-term use is not recommended. Therefore, the request for Naprosyn 550mg #100 is not medically necessary.

**Omeprazole 20mg #100:** Overturned

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

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

**Decision rationale:** As stated on page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors: age > 65 years, history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; or on high-dose/multiple NSAIDs. Patients with intermediate risk factors should be prescribed proton pump inhibitors (PPI). In this case, patient has been on Omeprazole since October 2008 for stomach prophylaxis. The recent progress report showed a subjective report of gastrointestinal reflux. The medical necessity for continuing treatment has been established. Therefore, the request for Omeprazole 20mg #100 is medically necessary.

**Flexeril 7.5mg:** Upheld

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

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

**Decision rationale:** According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option using a short course therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. In this case, Flexeril was prescribed since June 2013 for muscle spasm. Although the recent progress report documented physical evidence of muscle spasm, it is beyond the recommended duration of use. Furthermore, the present request failed to specify the quantity of dispensed medication. The request is incomplete. Therefore, the request for Flexeril 7.5mg is not medically necessary.

**Neurontin 600mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) - Gabapentin (Neurontin, Gabarone™, generic available) Gabapentin (.).

**Decision rationale:** According to pages 16-18 and 49 of CA MTUS Chronic Pain Medical Treatment Guidelines, gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia. It has been considered as a first-line treatment for neuropathic pain. In this case, Gabapentin has been prescribed since at least October 2008 for paresthesia. However, the recent progress report showed persistence of neuropathic pain despite intake of the medication. The medical records do not clearly reflect continued functional benefit from its use. The medical necessity has not been established. Therefore, the request for Neurontin 600mg #100 is not medically necessary.