

Case Number:	CM14-0078026		
Date Assigned:	07/18/2014	Date of Injury:	06/08/2006
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	05/29/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant is a 45 year-old male with a history of a work injury occurring on 06/08/06 while working as a Saw Tender when a conveyor belt became jammed. He went up a ladder and fell approximately 12 feet. He continued to work but had ongoing pain and approximately 3 weeks later was found to have T4 and T5 compression fractures. He was treated with physical therapy and a brace. EMG/NCS testing was negative for thoracic radiculopathy. He continues to be treated for chronic pain. He was seen by the requesting provider on 04/08/14. There had been a 50% improvement after a cervical epidural injection. Medications included Butrans, Norco, tramadol, Naprosyn 375 mg, ranitidine 150 mg, and cyclobenzaprine 10 mg. On 05/14/13 he was having left posterolateral neck pain radiating to the upper trapezius. Physical examination findings included appearing in discomfort and he was noted to be rubbing his neck. Gabapentin was prescribed. There was consideration of cervical radiofrequency ablation treatment. On 06/25/13 medications included Naprosyn 375 mg 1-2 times per day, Flexeril 10 mg 1-2 times per day, and ranitidine 150 mg per day. His past medical history migraines, right hip pain, and cervical facet syndrome with headaches. On 07/01/13 physical examination findings included neck and shoulder girdle tenderness without tightness. On 08/08/13 there was a negative Spurling's maneuver. There was mild left-sided muscle spasms and mild pain with facet loading. On 03/10/14 he was having ongoing radiating neck pain rated at 10/10. He was taking medications as prescribed. Physical examination findings included decreased cervical spine range of motion and there was left sided thoracic paraspinal muscle spasm and tenderness. On 04/08/14 there had been a 50% improvement after a cervical epidural injection. Physical examination findings included decreased and painful cervical spine range of motion with negative Spurling's maneuver. On 05/06/14 his activity level had improved. Drug test result were

reviewed. He was continuing to receive chiropractic care. Physical examination findings included decreased and painful cervical spine range of motion with spinous process tenderness. Spurling's maneuver was negative.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Muscle relaxants Page(s): 63.

Decision rationale: The claimant has a remote history of a work injury with spinal trauma treated conservatively and he continues to be treated for chronic pain. Cyclobenzaprine 10 mg are being prescribed on a long term basis. He has chronic multilevel spinal muscle spasms. There is no identified new injury or acute exacerbation. In terms of cyclobenzaprine, it is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, cyclobenzaprine was prescribed for chronic muscle spasms with no identified new injury and was being prescribed on a long-term basis. It was therefore not medically necessary.

Ranitidine 150mg #28: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list& adverse effects Page(s): 68-71.

Decision rationale: The claimant has a remote history of a work injury with spinal trauma treated conservatively and he continues to be treated for chronic pain. Naprosyn 375 mg and ranitidine 150 mg are being prescribed on a long term basis. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant does not have identified risk factors for a GI event. He is under age 65 and has no history of a peptic ulcer, bleeding, or perforation. He is taking a non-selective non-steroidal anti-inflammatory medication at the recommended dose. Guidelines do not recommend that a histamine H2-receptor antagonist such as ranitidine be prescribed. Therefore the request is not medically necessary.

