

<b>Case Number:</b>	CM14-0002791		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	05/06/2009
<b>Decision Date:</b>	01/05/2015	<b>UR Denial Date:</b>	12/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2014

### 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 Family 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:

This is a 57-year-old female patient who reported an industrial injury to the neck on 5/6/2009, over 5 years ago, which attributed to the performance of her usual and customary job tasks. The patient complains of chronic neck pain. The patient was treated conservatively then underwent surgical intervention for a C5-C7 fusion and was subsequently diagnosed with a failed surgery syndrome. The patient reports neck pain radiating to the left upper extremity. The patient has been prescribed Ibuprofen 400 mg b.i.d.; Norflex 100 mg b.i.d.; Prilosec 20 mg QD; and Docusate 100 mg QHS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norflex 100mg BID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants for Pain Page(s): 63-64; 128. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Medications for Chronic Pain; Muscle Relaxants; Cyclobenzaprine

**Decision rationale:** The prescription for Norflex (Orphenadrine) 100 mg #60 is not demonstrated to be medically necessary in the treatment of the cited diagnoses. The chronic use of muscle relaxants is not recommended by the ACOEM Guidelines or the Official Disability Guidelines for the treatment of chronic pain. The use of muscle relaxants are recommended to be prescribed only briefly for a short course of treatment for muscle spasms and there is no recommendation for chronic use. The patient was not documented to have muscle spasms to the neck or upper back. The prescription for Orphenadrine 100 mg bid #60 is not demonstrated to be medically necessary for the effects of the industrial injury. The California MTUS states that non-sedating muscle relaxants are to be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic neck pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases there is no benefit beyond NSAIDs in pain and overall improvement. There is no additional benefit shown in combination with NSAIDs. Efficacy appears to be diminished over time and prolonged use of some medications in this class may lead dependence. There is no current clinical documentation regarding this medication. A prescription for a muscle relaxant no longer appears to be medically reasonable or medically necessary for this patient. Additionally muscle relaxants are not recommended for long-term use. There was no documented functional improvement through the use of the prescribed Norflex 100 mg bid #60. Therefore, this request is not medically necessary.

**Ibuprofen 400mg BID:** 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 Anti-Inflammatory Medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Medications for Chronic Pain and NSAIDS

**Decision rationale:** The use of Ibuprofen 400 mg bid #60 is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no demonstrated medical necessity for the 400 mg size of ibuprofen over OTC analgesics. The provider has not documented evidence of functional improvement with the use of the prescribed Ibuprofen. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Ibuprofen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Ibuprofen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. Therefore, the prescription for Ibuprofen 400 mg bid #60 is not medically necessary.

**Prilosec 20mg QD:** 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 Anti-Inflammatory Medication Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Medications for Chronic Pain; NSAIDS

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines section on anti-inflammatory medications and gastrointestinal symptoms states; "Determine if the patient is at risk for gastrointestinal events." The medical records provided for review do not provide additional details in regards to the above assessment needed for this request. No indication or rationale for gastrointestinal prophylaxis is documented in the records provided. There are no demonstrated or documented GI issues attributed to NSAIDs for this patient. The patient was prescribed Omeprazole routine for prophylaxis for medications that did not include NSAIDs. Prolonged use of proton pump inhibitors leads to osteoporosis and Magnesium levels. The protection of the gastric lining from the chemical effects of NSAIDs is appropriately accomplished with the use of the proton pump inhibitors such as Omeprazole. The patient is documented to be taking Ibuprofen. There are no identified GI issues attributed to the prescribed NSAIDs. There is no industrial indication for the use of Omeprazole due to "stomach issues" or stomach irritation. The proton pump inhibitors provide protection from medication side effects of dyspepsia or stomach discomfort brought on by NSAIDs. The use of Omeprazole is medically necessary if the patient were prescribed conventional NSAIDs and complained of GI issues associated with NSAIDs. Whereas, 50% of patient taking NSAIDs may complain of GI upset, it is not clear that the patient was prescribed Omeprazole automatically. The prescribed opioid analgesic, not an NSAID, was accompanied by a prescription for Omeprazole without documentation of complications. There were no documented GI effects of the NSAIDs to the stomach of the patient and the Omeprazole was dispensed or prescribed routinely. There is no documented functional improvement with the prescribed Omeprazole. Therefore, this request is not medically necessary.

**Docusate Sodium 100mg QHS:** 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 Opioids Page(s): 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids, and American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6, pages 114-116

**Decision rationale:** According to the guidelines, Docusate is medically necessary only if the patient has constipation as a side effect of the prescribed opioid medications. There is no rationale by the prescribing physician to support the medical necessity of the Colace 100 mg #30. The patient is not demonstrated to have constipation as a side effect of opioids prescribed for cited chronic pain issues. The patient is prescribed a stool softener. There is no discussion that the patient was counseled as to diet or activity in regards to the fact she has constipation. The use of Docusate was provided prior to any evaluation of the symptoms or conservative treatment with diet and exercise. The use of Docusate is demonstrated to be medically necessary with the prn (as needed) use of Hydrocodone and is not medically necessary for the treatment of the

reported chronic neck pain. The provider identified medications that may lead to constipation for which Docusate was prescribed; however, it was prescribed as a first line treatment instead of the recommended conservative treatment with fiber and diet prior to prescriptions. There was no documented functional improvement to the prescribed Docusate 100 mg q hs #30. Therefore, this request is not medically necessary.