MAXIMUS Federal Services

Case Number:	CM14-0195332		
Date Assigned:	12/03/2014	Date of Injury:	06/19/2013
Decision Date:	01/16/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	11/21/2014

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 Interventional Spine, 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 52 year old female with an injury date of 06/19/13. The patient is status right carpal tunnel release, right flexor compartment tenosynovectomy, right median nerve neurolysis, and right wrist anesthetic block, as per operative report dated 07/18/14. As per progress report dated 09/04/14, the patient complains of pain in cervical spine, lumbar spine, bilateral wrists, bilateral hands, and right knee, rated at 5/10 with medications and 8/10 without them. The patient also had numbness and weakness in right hand and wrist, as per operative report dated 07/18/14. Physical examination, as per the utilization review denial letter, reveals tenderness to palpation in the bilateral paravertebral musculature and right hand. The patient underwent localized intense neurostimulation therapy at least five times; the last on being on 08/06/14, as per the available operative reports. The patient is not working, as per progress report dated 09/04/14.MRI of the left knee, 04/17/14: Globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. A tear is not entirely excluded. MRI of the Right Knee, 04/15/14:- Globular increased signal intensity in the posterior horn of the medial meniscus most consistent with intrasubstance degeneration. A tear is not entirely excluded.- Baker's cyst measuring 21 x 6 x 29 mm.Trigger point impedance imaging, 08/06/14: Ten clinically relevant trigger points were identified consistent with lumbar spine and myofascial pain syndrome. Diagnoses, 09/04/14:- Cervical spine sprain / strain- Lumbar spine sprain / strain- Right knee, medical meniscus intrasubstance degeneration, Baker's cyst- Bilateral hands (illegible)- Bilateral wrists (illegible)The treater is requesting for (a) Cyclobenzaprine 10 mg - 1 tab every 12 hours # 30 (b) Mobic 7.5 mg 1 tab by mouth once daily # 30 (c) Prilosec 20 mg 1 tab every 12 hours # 30 (d) Lisinopril 10 mg 1 by mouth once daily # 30. The utilization review determination being challenged is dated 11/12/14. The rationale follows: (a) Cyclobenzaprine 10

mg - 1 tab every 12 hours # 30, "There is no documentation of spasms on exam and patient has been taking medication for longer than 3 weeks." (b) Mobic 7.5 mg 1 tab by mouth once daily # 30, "Patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use."(c) Prilosec 20 mg 1 tab every 12 hours # 30, "This patient is not at immediate risk of GI event."(d) Lisinopril 10 mg 1 by mouth once daily # 30, "There is no documentation that the patient has been diagnosed with hypertension."Treatment reports were provided from 06/06/14 - 09/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg 1/2-1 tab every 12 hours #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

Decision rationale: MTUS pages 63-66 state: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy."The progress reports are hand written and not very legible. In progress report dated 09/04/14, the treater states that the patient's pain is 5/10 with medications and 8/10 without them. However, this detail is not specific for Cyclobenzaprine. The available reports do not provide a list of medications. There is no prescription. The treater does not discuss an improvement in function. Additionally, the progress reports do not reflect when Cyclobenzaprine was prescribed for the first time. However, the UR letter states that, "Patient has been taking medication for longer than 3 weeks." There is no evidence to contradict the UR contention. Since MTUS recommends short-term use of muscle relaxants with a record of improvement in pain and function, this request is not medically necessary.

Mobic 7.5mg 1 tab by mouth once daily # 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: Regarding NSAID's, MTUS page 22 state "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the

efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain."The progress reports are hand written and not very legible. In progress report dated 09/04/14, the treater states that the patient's pain is 5/10 with medications and 8/10 without them. Although it is not known how long the patient has been on Mobic, given the patient's response to meds, and chronic pain condition for which oral NSAIDs are indicated, the request is medically necessary.

Prilosec 20mg 1 tab every 12 hours #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: Regarding NSAID's, MTUS page 22 supports it for chronic low back pain stating, "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain.The progress reports are hand written and not very legible. The treater has prescribed Mobic (NSAID) to the patient (duration of use not mentioned). While the guidelines allow for the use of proton pump inhibitors to treat gastrointestinal issues secondary to NSAID use, the treater does not provide a GI risk assessment. There is no discussion about the why this patient needs Prilosec. This request is not medically necessary.The progress reports are hand written and not very legible. The treater has prescribed Mobic (NSAID) to the patient (duration of use not mentioned). While the guidelines allow for the use of proton pump inhibitors to treat gastrointestinal issues secondary to NSAID use, the treater does not provide a GI risk assessment. There is no discussion about the why this patient needs Prilosec. This request IS NOT medically necessary.

Lisinopril 10mg 1 by mouth once daily #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 64-65. Decision based on Non-MTUS Citation ODG Diabetes

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diabetes Chapter, Type 1, 2 and Gestational, Hypertension Treatment topic.

Decision rationale: The patient has been diagnosed with borderline hypertension, as per initial comprehensive preoperative consultation report dated 07/07/14. The request is for Lisinopril 10

mg 1 by mouth once daily # 30.MTUS and ACOEM Guidelines are silent on this issue. ODG Guidelines, chapter 'Diabetes (Type 1, 2 and Gestational' and topic 'Hypertension Treatment', state that "After Lifestyle (diet & exercise) modifications:(1) First line, 1st choice - Renin-angiotensin-aldosterone system blockers: - ACE inhibitors (angiotensin-converting enzyme inhibitor): Benazepril (Lotensin); Captopril (Capoten); Enalapril (Vasotec); Lisinopril (Zestril); Ramipril (Altace) - Angiotensin II receptor blocker (ARBs): Losartan (Cozaar); Olmesartan (Benicar); Valsartan (Diovan)."As per initial comprehensive preoperative consultation report dated 07/07/14, the patient has been diagnosed as borderline hypertensive. The treater states that "Hemodynamic studies reveal a blood pressure of 165/73 with an SVRI of 5,085." In the latest progress report dated 09/04/14, the patient has a blood pressure of 167/81. The progress reports do not discuss anything about the condition or the prescribed anti-hypertension medications. However, given the patient's blood pressure readings, the request for Lisinopril appears reasonable. ODG guidelines also consider this medication as a "First line, 1st choice" for hypertension. The request is medically necessary.