

<b>Case Number:</b>	CM14-0199054		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/05/2014
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Internal 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 injured worker (IW) is a 38-year-old man with a date of injury of September 5, 2014. The mechanism of injury occurred as a result of repetitive movements. The current working diagnoses are bilateral carpal tunnel syndrome, and neck pain. Pursuant to the Doctor's First Report of Occupational Injury or Illness, the IW complained of neck problems and arm problems. The IW was given Tylenol to be used as needed, and Motrin 800mg 3 times a day as needed. According to the Primary Physician's Initial Comprehensive Report dated October 17, 2014, the IW complains of bilateral upper extremity numbness and discomfort in the hands and wrists. He also has stiffness in the neck. Physical examination reveals cervical spine active and passive range of motion is within normal limits. He has mild tenderness to palpation across the bilateral upper trapezii with no trigger points noted. Sensory evaluation of the upper extremities reveals that he is intact to both light touch and pinprick. Manual muscle testing reveals 5/5 strength bilaterally. Hoffman's is absent. Deep tendon reflexes are 2+ and symmetric. Medication section of the record reports no medications taken. In the treatment plan, the provider documents the IW is not requiring medications currently. The current request is for Diclofenac 100mg #60, Cyclobenzaprine 7.5mg #30, and Omeprazole 20mg #60, retro DOS: October 25, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO DOS: (10/25/14) DICLOFENAC 100MG #60: 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 NSAI Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAI

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Diclofenac 100 mg #60 date service October 25, 2014 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the injured worker at the first visit with the treating physician was started on Motrin. There is no documentation in any subsequent notes of diclofenac 100 mg being prescribed. The injured worker was initially started on Motrin (ibuprofen) and there was no subsequent documentation indicating objective functional improvement or clinical rationale for switching to a different nonsteroidal anti-inflammatory drug. There is no evidence to recommend one drug in this class over another based on efficacy. Consequently, absent the appropriate clinical documentation, indication, and objective functional improvement with the use of ibuprofen, Diclofenac 100 mg #60 date of service October 25, 2014 is not medically necessary.

**RETRO DOS: (10/25/14) CYCLOBENZAPRINE 7.5MG #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 Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine 7.5 mg #30 date of service October 25, 2014 is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, Cyclobenzaprine 7.5 mg #30 was prescribed. The request date is unclear. Tizanidine was the initial treatment prescribed on the doctors first report of occupational illness dated October 1, 2014. The working diagnoses are bilateral carpal tunnel syndrome and neck pain. Muscle relaxants are recommended for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. The injured worker had neither. Additionally, the frequency for cyclobenzaprine was not indicated on the request. It appears from the documentation the injured worker was taking Tizanidine as of the date of first treatment and is now being placed on cyclobenzaprine, a different muscle relaxing. There is no documentation showing objective functional improvement or compelling supporting clinical information to warrant the ongoing use of a muscle relaxant, cyclobenzaprine 7.5 mg. Consequently, absent the appropriate clinical documentation and objective functional improvement, Cyclobenzaprine 7.5 mg #30 is not medically necessary.

**RETRO DOS: (10/25/14) OMEPRAZOLE 20MG #60:** 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 NSAID and GI Effects Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, NSAID and GI Effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #60 date of service October 25, 2014 is not medically necessary. Omeprazole is a proton pump inhibitor that is indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65 years; history of peptic ulcer, G.I. bleeding or perforation; concurrent use of aspirin or corticosteroids; or high-dose/multiple nonsteroidal anti-inflammatory drugs. In this case, the injured worker does not have any comorbidity or past medical history compatible with the risk factors enumerated above. Specifically, there is no history of peptic ulcer, G.I. bleeding, concurrent aspirin or steroid use, etc. Consequently, absent the appropriate comorbid conditions or relevant past medical history, omeprazole 20 mg #60 date of service October 25, 2014 is not medically necessary.