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| <b>Case Number:</b>   | CM14-0199090 |                              |            |
| <b>Date Assigned:</b> | 12/09/2014   | <b>Date of Injury:</b>       | 02/25/2008 |
| <b>Decision Date:</b> | 01/26/2015   | <b>UR Denial Date:</b>       | 11/20/2014 |
| <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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 46-year-old male presenting with a work-related injury on October 25, 2008. Patient was diagnosed with cervical discopathy, lumbar discopathy, lumbar facet arthropathy, neural compression and lumbar radiculitis. The patient complained of low back pain Neck pain with chronic headaches and tension between the shoulder blades. According to medical records the patient failed all conservative measures which included activity modification, physical therapy and pain management. The physical exam was significant for cervical spine revealing paravertebral muscle tension was a positive axial loading compression test, extension of pain into the upper extremities with general weakness and numbness in what appears to be the C4 through C7 roots and overtones; pain and discomfort in the bilateral shoulders as well. The provider recommended surgical intervention in the form of the four through C7 and possible C3 - C-5 anterior cervical microdiscectomy, implantation of hardware and realignment of junctional Kyphotic deformity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg #120, DOS 1/8/13:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** Omeprazole 20mg #120 date of service 1/8/13 is not medically necessary. CA MTUS does not make a direct statement on proton pump inhibitors (PPI) but in the section on NSAID use page 67. Long term use of PPI or Misoprostol or Cox-2 selective agents has been shown to increase the risk of Hip fractures. CA MTUS does state that NSAIDs are not recommended for long term use as well and if there possible GI effects of another line of agent should be used for example acetaminophen; therefore, the requested medication is not medically necessary.

**Cyclobenzaprine 7.5mg #120, DOS 1/8/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 66.

**Decision rationale:** Cyclobenzaprine 7.5mg #120, DOS 1/8/13 is not medically necessary for the client's chronic medical condition. The peer-reviewed medical literature does not support long-term use of Cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. As per MTUS, the addition of Cyclobenzaprine to other agents is not recommended. In regards to this claim, Cyclobenzaprine was prescribed for long term use and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.

**Sumatriptan Succinate 25mg, DOS 1/8/13:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Procedure Summary

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Management, Triptans

**Decision rationale:** Sumatriptan Succinate 25mg, DOS 1/8/13 is not medically necessary. The official disability guidelines states that Triptans are recommended for migraine sufferers. The medical records lack history, physical and diagnostic testing to indicate chronic migraines; therefore the requested medication is not medically necessary.