

<b>Case Number:</b>	CM14-0207666		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	02/25/2013
<b>Decision Date:</b>	02/10/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 Practice, 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 62 year-old woman who was injured at work on 2/25/2013. The injury was primarily to her back. She is requesting review of denial for the following medications: Cyclobenzaprine 7.5mg #60 and Omeprazole 20mg #60. She is also requesting review of denial for the following DME: Hydrotherapy Belt and a Chair Back Brace. Medical records corroborate ongoing care for her injuries. These records include the Primary Treating Physician's Progress Reports. The chronic diagnoses include: Lumbar Degenerative Disc Disease; Lumbosacral/Thoracic Neuritis/Radiculitis; Piriformis Syndrome; Muscle Scar; and Myofascial Pain. The request for the two medications and two DME devices were submitted on 10/30/2014. At this visit the patient complained of chronic back pain after her initial injury. The treatment plan included the use of Tylenol #3 for pain, Cyclobenzaprine as a muscle relaxant and Omeprazole for "GI protection." It was noted that the neurosurgeon felt that she should undergo a conservative treatment program to include home exercises, aquatic therapy and weight loss. It was also noted that "the patient may need periodic short course of physical therapy or acupuncture therapy for low back pain flare-up." The requested DME was not mentioned in the treatment plan. In the Utilization Review process, the CA/MTUS Guidelines were cited as the rationale for non-certification of the two requested medications. Specifically, that long-term use of muscle relaxants are not recommended and the patient had no history of a significant gastrointestinal event to warrant use of a PPI (proton pump inhibitor). The Official Disability Guidelines were cited in the non-certification of the DME devices.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine as a treatment modality. These guidelines state the following: Cyclobenzaprine (Flexeril) Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. In this case the medical records indicate that the use of cyclobenzaprine exceeds the recommended duration of use as cited in the MTUS guidelines. Therefore, chronic use of cyclobenzaprine is not considered as a medically necessary treatment.

**Omeprazole 20 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors, such as omeprazole, as a treatment modality. These guidelines state the following: NSAIDs, GI symptoms & cardiovascular risk Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g, ibuprofen, naproxen, etc.). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease : (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. In this case it is unclear whether the patient is currently taking an NSAID as part of her treatment regimen. Further, there is no evidence to indicate that the patient has any of the risk factors cited above that are associated with an increased risk of a gastrointestinal event. Specifically, there is no history of a peptic ulcer, GI bleeding or perforation. There is no history of concurrent use of aspirin, corticosteroids and/or an

anticoagulant. Finally, as mentioned above, it is unclear whether the patient is currently taking an NSAID. Under these conditions, the use of omeprazole is not considered as a medically necessary treatment.

**DME: hydro therapy belt:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** A Hydro Therapy Belt is a device that is designed to enhance the effect of aquatic therapy. The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of aquatic therapy as a treatment modality. The guidelines state the following: Aquatic therapy Recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. Water exercise improved some components of health-related quality of life, balance, and stair climbing in females with fibromyalgia, but regular exercise and higher intensities may be required to preserve most of these gains. In this case, while the neurosurgeon does mention the potential value on the use of aquatic therapy, the records do not contain an authorization request for this treatment modality. Given that a hydro therapy belt is used as part of an aquatic therapy program, the use of this belt is not considered as medically necessary.

**DME: Chair back brace:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg Chapter

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Problems, Lumbar Support Devices.

**Decision rationale:** The MTUS Guidelines do not comment on the use of lumbar support devices such as a chair back brace. However, the Official Disability Guidelines (ODG) provide recommendations on this equipment. The ODG state the following Treatment: Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP (very low-quality evidence, but may be a conservative option). Among home care workers with previous low back pain, adding patient-directed use of lumbar supports to a short course on healthy working methods may reduce the number of days when low back pain occurs, but not overall work absenteeism. An RCT to evaluate the effects of an elastic lumbar belt on functional capacity and pain intensity in low back pain treatment found an improvement in physical restoration compared to control and

decreased pharmacologic consumption. This RCT concluded that lumbar supports to treat workers with recurrent low back pain seems to be cost-effective, with on average 54 fewer days per year with LBP and 5 fewer days per year sick leave. This systematic review concluded that lumbar supports may or may not be more effective than other interventions for the treatment of low-back pain. For treatment of nonspecific LBP, compared with no lumbar support, an elastic lumbar belt may be more effective than no belt at improving pain (measured by visual analogue scale) and at improving functional capacity (measured by EIFEL score) at 30 and 90 days in people with subacute low back pain lasting 1 to 3 months. However, evidence was weak (very low-quality evidence). In this case, while there is a request for authorization for a chair back brace, there is no information in the medical records to justify the use of this device. Per the ODG the evidence in support of such a device is very-low quality. Without further documentation in the medical records to identify the rationale behind the use of this specific device along with a plan to monitor its effect on functional improvement and pain control, the use of a chair back brace is not medically necessary.