

<b>Case Number:</b>	CM14-0210130		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	09/14/2010
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 56-year-old man with a date of injury of September 14, 2010. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are discogenic cervical condition, multilevel in nature; facet inflammation and headaches to the left of the midline with shoulder girdle involvement; discogenic lumbar condition with radiculitis; and chronic pain syndrome. Pursuant to the progress note dated October 24, 2014, the IW complains of daily pain rated 7/10. He is using medications, ice and heat for pain as needed. He reports the pain medications are helpful in decreasing his pain and allow him to be functional. In another entry, the IW reports that his neck pain and headaches negatively affect his functionality. He complains of spasms in the neck, shoulder blades, and legs. There is not documentation regarding spasms in the lumbar spine. He has numbness and tingling in both hands. Objective findings reveal neck flexion is to 20 degrees and extension to 25 degrees, Lumbar flexion is to 30 degrees and extension to 10 degrees. No other pertinent objective findings were documented. Current medications include Ultracet, Flexeril, Diclofenac, and Protonix. The IW has been taking Ultracet, Diclofenac, and Protonix since July 1, 2014, according to a progress note with the same date. At that time, the IW was taking Norflex, which was switched to Flexeril according to documentation on August 1, 2014. There were no pain assessments of evidence of objective functional improvement associated with the ongoing use of the current medications. The treatment plan recommendations include medication refills. The current request is for Flexeril 7.7mg #60, Ultracet 37.5/325mg #60, Protonix 20mg #60, and Diclofenac 100mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60: Upheld**

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

**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:** Muscle relaxants are a second line option 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. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are discogenic cervical condition, multilevel in nature; discogenic lumbar condition with radiculitis; and chronic pain syndrome. Subjectively, the injured worker admits to pain relief, but the VAS score remains 7/10. Flexeril was first prescribed in an August 11 2014 progress note. The injured worker was taking Norflex that was subsequently changed the Flexeril at that visit. The medical record does not contain documentation of objective functional improvement through the present time. Additionally, there was no clinical rationale for the change from Norflex to Flexeril. The treating physician exceeded the guidelines for short-term treatment (less than two weeks) according to the medical record. Consequently, absent clinical documentation to support the ongoing use of Flexeril along with clinical rationale for treatment in excess of the recommended guidelines (less than two weeks), the request for Flexeril 7.5 mg #60 is not medically necessary.

**Protonix 20mg #60: 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)- Treatment for Workers' Compensation, Online Edition, Pain (Chronic) Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole, Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, NSAID and GI Effects.

**Decision rationale:** Protonix is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for certain gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or steroids; and high dose/multiple nonsteroidal anti-inflammatory drug use. In this case, the injured worker's working diagnoses are discogenic cervical condition, multilevel in nature; discogenic lumbar condition with radiculitis; and chronic pain syndrome. The documentation does not contain any comorbid conditions or risk factors such as peptic ulcer disease, G.I. bleeding, concurrent aspirin for corticosteroid use, etc. Consequently, absent clinical documentation with risk factors that warrant proton pump inhibitors, the request for Protonix 20 mg# 60 is not medically necessary.

**Diclofenac 100mg #30: Upheld**

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

**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 #30 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's working diagnoses are discogenic cervical condition, multilevel in nature; discogenic lumbar condition with radiculitis; and chronic pain syndrome. The documentation indicates diclofenac (Voltaren) was first prescribed (or refilled) July 1 of 2014. The medical record does not contain documentation of objective functional improvement associated with its use. The injured worker stated there was pain relief, however, the VAS score remained 7/10. Consequently, absent clinical documentation to support the ongoing use of diclofenac, no documentation of objective functional improvement, the request for Diclofenac 100 mg #30 is not medically necessary.

**Ultracet 37.5/325mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Section, Opiates.

**Decision rationale:** Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function, or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured workers working diagnoses are discogenic cervical condition, multilevel in nature; discogenic lumbar condition with radiculitis; and chronic pain syndrome. The documentation indicates the injured worker was taking Ultracet as far back as July 1, 2014. The injured worker admits to pain relief, however, the VAS score remains 7/10. The medical record does not contain documentation of objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Ultracet, and documentation with objective functional improvement, the request for Ultracet 37.5/325 mg #60 is not medically necessary.