

<b>Case Number:</b>	CM14-0095264		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/17/2013
<b>Decision Date:</b>	01/06/2015	<b>UR Denial Date:</b>	06/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 & 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 47 year old male with an injury date of 12/17/13. Based on the 06/06/14 progress report provided by treating physician, the patient complains of left hand/wrist/forearm, bilateral elbow and right leg pain rated 5/10, that radiates to his right foot. Per progress report dated 01/30/14, patient was prescribed lumbar spine support and cane. Physical examination of the bilateral wrist/hand on 01/30/14 revealed tenderness to palpation over thenar, hypothenar and carpal bones bilaterally. Range of motion was decreased, Examination of the bilateral elbow and forearm revealed tenderness to palpation over the flexor and extensor musculature and olecranon bilaterally. Range of motion full with pain. Naproxen Sodium was last prescribed in progress report dated 04/11/14. Cyclobenzaprine and Omeprazole were prescribed in progress reports dated 01/30/14 and 08/01/14. Norco was dispensed in hospital discharge report dated 12/18/13 and refilled in progress reports dated 02/14/14 and 08/01/14. Four urine drug screen reports dated 01/30/14 - 06/06/14 showed normal results for patient's prescriptions. Physical therapy notes from 12/30/13 - 07/14/14 reported 18 visits. Per treater report dated 08/01/14, patient is not working. Diagnosis 01/30/14- left shoulder pain- bilateral forearm pain- bilateral wrist/hand pain- lumbar spine pain- bilateral thighs pain- psychological overlay, rule out anxiety and stress Diagnosis 06/06/14- pain in joint, hand- pain in joint, lower leg- sprain and strain of unspecified site of knee and leg- crushing injury wrist and hand except finger alone The utilization review determination being challenged is dated 06/13/14. Treatment reports were provided from 12/18/13 - 08/01/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20MG QTY 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with left hand/wrist/forearm, bilateral elbow and right leg pain rated 5/10, that radiates to his right foot. The request is for OMEPRAZOLE 20MG QTY 90. Patient's diagnosis dated 06/06/14 included crushing injury wrist and hand and sprain/strain of knee and leg. Per progress report dated 01/30/14, patient was prescribed lumbar spine support and cane. Physical examination of the bilateral wrist/hand on 01/30/14 revealed tenderness to palpation over thenar, hypothenar and carpal bones bilaterally. Swelling over dorsum of left wrist and palpable masses. Physical therapy notes from 12/30/13 - 07/14/14 reported 18 visits. Patient's medications include Norco, Cyclobenzaprine and Omeprazole. Omeprazole was prescribed in progress reports dated 01/30/14 and 08/01/14. Per treater report dated 08/01/14, patient is not working. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, the patient is no longer on oral NSAIDs to consider PPI for prophylactic use. Naproxen Sodium was last prescribed in progress report dated 04/11/14. Review of reports do not show evidence of gastric problems that would require treatments with PPI's. There is no mention of any problems with GI issues. Treater does not indicate how the patient is doing and why he needs to continue when it's been almost 6 months from UR date of 06/13/14. Given the lack of documentation of continued need for this medication, recommendation is for denial. The request is not medically necessary.

**Cyclobenzaprine 7.5mg Qty 90: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Muscle relaxants (for pain)

**Decision rationale:** The patient presents with left hand/wrist/forearm, bilateral elbow and right leg pain rated 5/10, that radiates to his right foot. The request is for CYCLOBENZAPRINE 7.5MG QTY 90. Patient's diagnosis dated 06/06/14 included crushing injury wrist and hand and sprain/strain of knee and leg. Per progress report dated 01/30/14, patient was prescribed lumbar spine support and cane. Physical examination of the bilateral wrist/hand on 01/30/14 revealed tenderness to palpation over thenar, hypothenar and carpal bones bilaterally. Swelling over

dorsum of left wrist and palpable masses. Physical therapy notes from 12/30/13 - 07/14/14 reported 18 visits. Patient's medications include Norco, Cyclobenzaprine and Omeprazole. Cyclobenzaprine was prescribed in progress reports dated 01/30/14 and 08/01/14. Per treater report dated 08/01/14, patient is not working. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations 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." Guidelines do not suggest use of cyclobenzaprine for chronic use longer than 2-3 weeks. Review of reports show patient has used cyclobenzaprine, from 01/30/14, which is almost 6 months from UR date of 06/13/14. Furthermore, the request for quantity 90 does not indicate intended short term use. The request is not medically necessary.

**Hydrocodone apap 10/325mg Qty 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Page(s): 88-89,78.

**Decision rationale:** The patient presents with left hand/wrist/forearm, bilateral elbow and right leg pain rated 5/10, that radiates to his right foot. The request is for HYDROCODONE APAP 10/325 MG QTY 90. Patient's diagnosis dated 06/06/14 included crushing injury wrist and hand and sprain/strain of knee and leg. Per progress report dated 01/30/14, patient was prescribed lumbar spine support and cane. Physical examination of the bilateral wrist/hand on 01/30/14 revealed tenderness to palpation over thenar, hypothenar and carpal bones bilaterally. Swelling over dorsum of left wrist and palpable masses. Physical therapy notes from 12/30/13 - 07/14/14 reported 18 visits. Patient's medications include Norco, Cyclobenzaprine and Omeprazole. Norco was dispensed in hospital discharge report dated 12/18/13 and refilled in progress reports dated 02/14/14 and 08/01/14. Four urine drug screen reports dated 01/30/14 - 06/06/14 showed normal results for patient's prescriptions. Per treater report dated 08/01/14, patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, treater has not stated how Hydrocodone reduces pain and significantly improves patient's activities of daily living; the four A's are not specifically addressed including discussions regarding adverse effects, and specific ADL's, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary.

**Continue physical hand therapy Qty 12:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Physical Medicine

**Decision rationale:** The patient presents with left hand/wrist/forearm, bilateral elbow and right leg pain rated 5/10, that radiates to his right foot. The request is for CONTINUE PHYSICAL HAND THERAPY QTY 12. Patient's diagnosis dated 06/06/14 included crushing injury wrist and hand and sprain/strain of knee and leg. Per progress report dated 01/30/14, patient was prescribed lumbar spine support and cane. Physical examination of the bilateral wrist/hand on 01/30/14 revealed tenderness to palpation over thenar, hypothenar and carpal bones bilaterally. Swelling over dorsum of left wrist and palpable masses. Patient's medications include Norco, Cyclobenzaprine and Omeprazole. Per treater report dated 08/01/14, patient is not working. MTUS pages 98-99 have the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater has not documented reason for the request. Provider does not discuss treatment history other than stating to "continue" therapy. Physical therapy notes from 12/30/13 - 07/14/14 reported 18 visits. There is no discussion of flare-up's, new injury or new symptoms warranting additional treatment. Furthermore, the request for 12 additional physical therapy sessions exceeds what is allowed by MTUS. The request is not medically necessary.