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| <b>Case Number:</b>   | CM15-0001736 |                              |            |
| <b>Date Assigned:</b> | 01/12/2015   | <b>Date of Injury:</b>       | 09/22/2013 |
| <b>Decision Date:</b> | 04/09/2015   | <b>UR Denial Date:</b>       | 12/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/05/2015 |

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 is a 64-year-old male who sustained an industrial related injury on 9/22/13. The injured worker had complaints of bilateral shoulder and low back pain. Physical examination findings included tenderness at the lumbosacral junction as well as superior iliac crest. Motor strength was intact. Diagnoses included cervical sprain/strain, thoracic spine sprain/strain with multilevel spondylosis, right sided shoulder rotator cuff tear, longitudinal biceps tear, superior labral tear, right upper extremity lateral epicondylitis/extensor tendonitis, lumbosacral sprain/strain with radiculopathy in the right lower extremity L5-S1 distribution, numbness along the right anterolateral thigh, right plantar fasciitis, headaches, anxiety, right shoulder infraspinatus and subscapularis tendinopathy, full thickness longitudinal tear of biceps tendon, superior labrum tear, psychological impairment, and advanced discopathy at L5-S1 resulting in moderate to severe right foraminal stenosis. Treatment included a selective nerve root block bilaterally at L4-5 and L5-S1 with 10% improvement in pain. The treating physician requested the authorization for Omeprazole DR 20mg #30, Naproxen EC DR 500mg #60, and Cyclobenzaprine 7.5mg #60 for muscle spasm. On 12/22/14, the requests were non-certified. Regarding Naproxen EC DR, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the long-term use of NSAIDs should be limited to brief durations of time. Regarding Omeprazole, the UR physician cited the MTUS guidelines and recommended non-certification. Regarding Cyclobenzaprine, the UR physician cited the MTUS guidelines and noted the guidelines do not support the long term used of muscle relaxants. Therefore, the request was non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Omeprazole DR 20mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is more than 1.5 years status post work-related injury and continues to be treated for bilateral shoulder and low back pain. Medications include omeprazole, Naprosyn, and cyclobenzaprine. Medications includes Naprosyn, a nonselective non-steroidal anti-inflammatory medication, at the recommended dose. Guidelines recommend an assessment of GI symptoms and cardiovascular risk when NSAIDs are used. The claimant is nearly 65 years-old and will likely continue to take non-steroidal anti-inflammatory medication. In this scenario, guidelines do recommend that a proton pump inhibitor such as omeprazole be prescribed. It was therefore medically necessary.

### **Naproxen EC DR 500mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-71.

**Decision rationale:** The claimant is more than 1.5 years status post work-related injury and continues to be treated for bilateral shoulder and low back pain. Medications include omeprazole, Naprosyn, and cyclobenzaprine. Oral NSAIDs (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.

### **Cyclobenzaprine 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), (2) Muscle relaxants Page(s): 41, 63.

**Decision rationale:** The claimant is more than 1.5 years status post work-related injury and continues to be treated for bilateral shoulder and low back pain. Medications include omeprazole, Naprosyn, and cyclobenzaprine. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with chronic low back pain, short-term use only is recommended. In this case, there is no identified new injury or acute exacerbation and therefore it was not medically necessary.