

<b>Case Number:</b>	CM15-0107656		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	01/16/2009
<b>Decision Date:</b>	08/21/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2015

### 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: New York  
 Certification(s)/Specialty: Internal Medicine

### 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 51-year-old male who sustained an industrial injury on 01/16/2009. Diagnoses include shoulder joint pain, anxiety state and depressive disorder. Treatment to date has included medications, physical therapy, psychological and psychiatric care and home exercise. He began a functional restoration program but stopped due to anxiety. According to the progress notes dated 5/14/15, the IW reported continued pain in the bilateral shoulders, right neck and bilateral wrists and elbows, especially with movement. He also reported decreased grip strength and increased pain in the right wrist with grasping. He rated the pain as moderate. On examination, shoulder range of motion was limited bilaterally. The physical exam on 3/19/15 documented tenderness along the neck and upper trapezius on the right and muscle spasms in the upper trapezius/suboccipital area on the right. A request was made for Cyclobenzaprine 10mg, qty. 30 + 2 refills for spasms; Omeprazole 20mg, qty. 30 + 2 refills for gastric upset due to medications; Flector 1.3% transdermal patch, qty. 30 + 1 refill for shoulder pain and Etodolac 300mg, qty. 60 + 1 refill for inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

**Decision rationale:** Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system depressant recommended as a treatment option to decrease muscle spasm in conditions such as low back pain. Per MTUS guidelines, muscle relaxants are recommended for use with caution as a second-line option for only short-term treatment of acute exacerbations in patients with chronic low back pain. The greatest effect appears to be in the first 4 days of treatment and appears to diminish over time. The injured worker complains of chronic bilateral shoulder, neck and bilateral wrist pain. Documentation fails to indicate acute exacerbation or significant improvement in the injured worker's pain or functional status to justify continued use of cyclobenzaprine. The request for Cyclobenzaprine 10mg #30 x 2 refills is not medically necessary per MTUS guidelines.

**Omeprazole 20mg #30 x 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long-term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation demonstrates that the injured worker complains of persistent dyspepsia, with the diagnosis of NSAID-induced Gastritis. The recommendation to continue Omeprazole is clinically appropriate in this setting, with the opportunity to evaluate further or adjust the medication dose. The request for Omeprazole 20mg #30 x 2 refills is medically necessary.

**Flector 1.3% patch #30 x 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Not addressed. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Flector Patch.

**Decision rationale:** Flector patch (Diclofenac) is FDA indicated for acute strains, sprains, and contusions and recommended for osteoarthritis after failure of an oral NSAID or when there is contraindication to oral NSAIDs. Per ODG, Flector Patch is not recommended for use as a first-line treatment. The injured worker complains of chronic bilateral shoulder, neck and bilateral wrist pain. Documentation fails to demonstrate adequate improvement in level of function or quality of life, to support the medical necessity for continued use of Flector Patch. In the absence of significant response to treatment, the request for Flector 1.3% patch #30 x 1 refill is not medically necessary.

**Etodolac 300mg #60 x 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** MTUS states that Non-steroidal anti-inflammatory drugs (NSAIDS) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. There is no evidence of long-term effectiveness for pain or function. NSAIDS are recommended as a second-line treatment after acetaminophen for the treatment of acute exacerbations of chronic low back pain. Documentation demonstrates that the injured worker complains of persistent dyspepsia, with the diagnosis of NSAID-induced Gastritis. Furthermore, the injured worker's symptoms of bilateral shoulder, neck and bilateral wrist pain are chronic and ongoing, without evidence of significant functional improvement or documentation of acute exacerbation. With MTUS guidelines not being met, the request for Etodolac 300mg #60 x 1 refill is not medically necessary.