

<b>Case Number:</b>	CM15-0128982		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	11/02/2008
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 41 year old female who sustained an industrial injury on 11-2-08. The medical records indicate that the injured worker is being treated for cervical radiculitis; sleep disorder; anxiety; chronic pain syndrome; dysthymic disorder; headache; muscle pain; numbness; degenerative disc disease, cervical; neck pain; insomnia. She currently (6-3-15) complains of worsening, limiting, burning neck pain, left trapezius, left periscapular region and left shoulder. Her pain level was 8 out of 10 before massage therapy and 4 out of 10 after therapy. On physical exam there was tenderness and mild spasm over the cervical paraspinals, trapezius and left periscapular region, decreased range of motion in all planes due to pain. Her activities of daily living are limited due to pain. Her pain level has been unchanged since 5-5-14. She has been on Flexeril and Prilosec since at least 5-5-14. Treatments to date include physical therapy from 2-2009 through 5-2009 without benefit; acupuncture from 6-2009 through 9-2009 with 10% relief of symptoms; cervical epidural steroid injections with benefit; massage therapy with benefit and she had been going once a week because of the amount of muscle spasm; medications: (past) Vicodin, muscle relaxant, Ambien, Neurontin: (current) naproxen, Flexeril, Percocet, omeprazole to reduce gastrointestinal upset which she has had in the past, Ambien, diazepam; home exercise program; H-wave therapy; aquatic therapy. The request for authorization dated 6-5-15 was for Prilosec 20mg #60; Flexeril 7.5mg #60. On 6-12-15 Utilization Review non-certified the requests for Flexeril 7.5mg #60; Prilosec 20mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5 MG Tab Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The patient presents on 06/03/15 with burning neck pain rated 4-8/10 which radiates into the left upper extremity. The patient's date of injury is 11/02/08. The request is for FLEXERIL 7.5MG TAB QTY 60. The RFA is dated 06/05/15. Physical examination dated 06/03/15 reveals tenderness to palpation over the cervical paraspinal muscles, trapezius, and left periscapular region with cervical spasms noted and reduced range of motion in all planes. The patient is currently prescribed Omeprazole, Anaprox, Flexeril, Valium, Percocet, and Ambien. Patient is currently advised to return to work with modified duties. MTUS Guidelines, Cyclobenzaprine section, page 64 states: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). This medication is not recommended to be used for longer than 2-3 weeks." In regard to the request for Flexeril, the provider has specified an excessive duration of therapy. This patient has been prescribed Flexeril since at least 04/17/15. Guidelines indicate that muscle relaxants such as Flexeril are considered appropriate for acute exacerbations of pain. However, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks; the requested 60 tablets in addition to prior use does not imply short duration therapy. Therefore, the request is not medically necessary.

**Prilosec 20 MG Caps Qty 60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The patient presents on 06/03/15 with burning neck pain rated 4-8/10 which radiates into the left upper extremity. The patient's date of injury is 11/02/08. The request is for PRILOSEC 20MG CAPS QTY 60. The RFA is dated 06/05/15. Physical examination dated 06/03/15 reveals tenderness to palpation over the cervical paraspinal muscles, trapezius, and left periscapular region with cervical spasms noted and reduced range of motion in all planes. The patient is currently prescribed Omeprazole, Anaprox, Flexeril, Valium, Percocet, and Ambien. Patient is currently advised to return to work with modified duties. MTUS Guidelines, NSAIDs, GI symptoms & cardiovascular risk Section, page 69, under Treatment of dyspepsia secondary to NSAID therapy states: "Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI... PPI's are also allowed for prophylactic use along with NSAIDs,

with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." In regard to Prilosec for this patient's GI upset, the request is appropriate. Per progress notes dated 04/17/15 and 06/03/15, this patient is prescribed Prilosec for a history of GI upset and dyspepsia secondary to NSAID medications. Addressing efficacy, progress note dated 06/03/15 - which is associated with this request - indicates that this patient's GI symptoms are improved through the use of Prilosec and requests refills given her continued NSAID utilization. Given the GI assessment which indicates that this patient's NSAID associated reflux has subsided since the initiation of Prilosec, and this patient's continued utilization of Naproxen, continuation is an appropriate measure. Therefore, the request is medically necessary.