

<b>Case Number:</b>	CM15-0141664		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Anesthesiology

### 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 53 year old female, who sustained an industrial injury on 7-9-12. She reported neck and arm pain. The injured worker was diagnosed as having severe, worsening cervical radiculopathy, cervical (HNP) herniated nucleus pulposus of C4-7 with stenosis, bilateral trigger thumbs, bilateral carpal tunnel syndrome, bilateral upper extremity radicular pain and fibromyalgia. Treatment to date has included oral medications including Norco 10-325mg, Flexeril 10mg, Neurontin 600mg and Prilosec 20mg; physical therapy, chiropractic therapy and acupuncture. (MRI) magnetic resonance imaging of cervical spine performed on 6-19-14 revealed reversed lordosis of cervical spine, disc desiccation at C2-3; disc herniation at C3-4, C4-5, C5-6 and C6-7. Currently on 6-3-15, the injured worker complains of severe pain across the neck, arms, hands, fingers and thumbs. She rates the pain in neck 6 out of 10 with medications and 10 out of 10 without medications (unchanged from previous visit). With medications she is able to get out of bed and perform light housework. She is thinking about neck surgery. She is currently temporarily disabled. Physical exam performed on 6-3-15 revealed cervical spine spasm with pain and decreased range motion, radiculopathy bilaterally at C5-7, tenderness to palpation over the cervico trapezial ridge, tenderness to palpation over the facet joints and radiation to both arms, left greater than right and neck stiffness. Exam of the hands and wrists reveals trigger thumbs with decreased range of motion in both thumbs. (Physical exam is also unchanged from previous visit.) The treatment plan included refilling Flexeril 10mg #90, Norco 10-325mg #120, Neurontin 600mg #60 and Prilosec 20mg #60, trial of Capsaicin cream and AME re-evaluation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** According to the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. The injured worker has utilized Flexeril since at least November 2014. There is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

**Prilosec 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), PPI.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDS) non-steroidal anti-inflammatory drugs), gastrointestinal symptoms and cardiovascular risks Page(s): 68-69.

**Decision rationale:** According to CA MTUS (2009), a Proton Pump Inhibitor, such as Prilosec, is recommended for patients taking non-steroidal anti-inflammatories (NSAIDs) with documented gastrointestinal (GI) distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any GI symptoms or GI risk factors. Risk factors include, age >65, history of peptic ulcer disease, GI bleeding, concurrent use of aspirin, corticosteroids, and/or anticoagulants or high-dose/multiple NSAIDs. There is no documentation of any reported GI complaints. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The request for prilosec is not medically necessary.

**Norco 10/325mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC] (<http://ag.ca.gov/bne/trips.htm>).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** According to the CA MTUS, Norco 10/325mg (Hydrocodone / Acetaminophen) is a short-acting opioid analgesic indicated for moderate to moderately severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's functional benefit or duration of pain relief. A urine drug screen was not included with documentation submitted and the injured worker had utilized Norco since at least November 2014. Medical necessity of the requested item has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.