

Case Number:	CM15-0145092		
Date Assigned:	08/06/2015	Date of Injury:	06/05/2009
Decision Date:	09/22/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/27/2015

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: Preventive Medicine, Occupational 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 is a 54 year old male, who sustained an industrial injury on 6-5-2009. The mechanism of injury is not indicated. The injured worker was diagnosed as having lumbar spine myoligamentous injury with bilateral lower extremity radicular symptoms, cervical spine myoligamentous injury with bilateral upper extremity radicular symptoms, right elbow internal derangement status post 2 surgeries, left elbow sprain and strain, and bilateral shoulder internal derangement with impingement syndrome. Treatment to date has included medications, magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the right elbow, magnetic resonance imaging of the left elbow, and magnetic resonance imaging of the left shoulder, and physical therapy. The request is for Cyclobenzaprine, Norco, and Omeprazole. On 12-11-2014, he is reported to have continued orthopedic pains and is unable to work. On 1-9-2015, he is reported to have had a successful lumbar epidural steroid injection on 11-10-2014 which gave 60% pain relief. The provider noted the effects of the epidural injection were still ongoing with noted improvement in both mobility and activity tolerance. He indicated he was able to cut back on Norco as a result of the injection. He rated his low back pain 5 out of 10. He also reported ongoing pain to the right knee and right shoulder. He is noted to have responded to corticosteroid injections to both shoulders which gave up to 6 weeks of benefit. In addition, he reported bilateral knee pain for which he was given corticosteroid injection to the left knee on 6-17-2014. His right knee pain is reported to have steadily worsened. He is awaiting authorization for left shoulder and bilateral carpal tunnel release surgeries. The provider indicated he relied mostly on Anaprox for pain and that he required Prilosec due to developing medication induced

gastritis symptoms. A urine drug test was performed in the office on this date, and was consistent with prescriptions. The treatment plan included noting that he had failed non-steroidal anti-inflammatory drugs and or muscle relaxants. He received trigger point injections in the office, right shoulder corticosteroid injection, right knee corticosteroid injection, and refills on Anaprox, Prilosec, and Norco. On 1-14-2015, he reported anxiety, tension, irritability, depression and insomnia were reduced. On 6-2-2015, he reported continued neck pain with weakness in the upper extremities and pain to the bilateral shoulders. He also reported thoracic and lumbar spine pain with radiation into the left lower extremity, and pain of both knees. He is awaiting surgery to the elbow and has had 2 previous surgeries to the right elbow. He is reported to have acid reflux which is controlled by Omeprazole. His work status is noted to be temporarily totally disabled. There is tenderness noted in physical examination of the cervical spine, bilateral elbows, bilateral wrists, and thoracolumbar spine, and bilateral knees. The treatment plan was to refill medications which were not listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants (for pain); Aptsipasmotics: Cyclobenzaprine (Flexeril, Amrix, Fexmid generic available).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Section, Muscle Relaxants (for pain) Section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with drowsiness and dizziness. In this case, Cyclobenzaprine is being used in a chronic manner and there is no evidence of an acute exacerbation of pain. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The request for Cyclobenzaprine 7.5mg, #60 is determined to not be medically necessary.

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list - Hydrocodone/Acetaminophen (Anexsia, Co-Gesic, Hycet; Lorcet, Lortab; Margesic-H, Maxidone; Norco, Stagesic, Vicodin, Xodol, Zydone; generics available); Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section, Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker has been taking Norco for an extended period without objective documentation of functional improvement or significant decrease in pain. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment.

Omeprazole 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Section Page(s): 68, 69.

Decision rationale: Proton pump inhibitors, such as Omeprazole are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Omeprazole when using NSAIDs. The request for Omeprazole 20mg, #60 is determined to not be medically necessary.