

<b>Case Number:</b>	CM15-0162800		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	05/04/2011
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Arizona, Michigan

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 40 year old female, who sustained an industrial injury on May 4, 2011. The injury occurred while the injured worker was performing her usual and customary duties as a director of order processing. The injured worker has been treated for left elbow, bilateral wrist and right hand complaints. The diagnoses have included bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, left lateral epicondylitis, right ulnar nerve entrapment, bilateral thoracic outlet syndrome and non-steroidal anti-inflammatory drug-induced gastritis. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, psychiatric evaluation, extracorporeal shockwave treatments, physical therapy, acupuncture treatments, right cubital tunnel release and a right carpal tunnel release. The injured worker was temporarily totally disabled. Current documentation dated July 1, 2015 notes that the injured worker reported continuous bilateral elbow pain and bilateral wrist pain. The right wrist and elbow pain were rated 8 out of 10 and the left elbow and wrist were rated 6 out of 10 on the visual analogue scale. Examination of the cervical spine revealed tenderness to palpation and myospasms. Range of motion was decreased. An Adson's test was positive bilaterally. Examination of the bilateral elbows revealed a normal range of motion and a negative Tinel's test bilaterally. Examination of the bilateral wrists revealed a normal range of motion and negative Tinel's and Phalen's tests bilaterally. The treating physician's plan of care included requests for Cyclobenzaprine HCL 10 mg # 30, Mapap ES 500 mg # 90 and Omeprazole DR 20 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine HCL 10mg #30:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) ACOEM guidelines state that oral pharmaceuticals are a first-line palliative method. Nonprescription analgesics provide sufficient pain relief for most patients with acute work-related symptoms. If treatment response is inadequate and symptoms and activity limitations continue, physicians should add prescribed pharmaceuticals or physical methods. Muscle relaxants seem no more effective than non-steroidal anti-inflammatory drugs (NSAIDs) for treating patients with musculoskeletal problems and using them in combination with (NSAIDs) has no demonstrated benefit, although they have been shown to be useful as antispasmodics. Side effects including drowsiness have been reported in up to 30% of patients taking muscle relaxants. Muscle relaxants act on the central nervous system and have no effect on peripheral musculature. They may hinder return to function. The ACOEM initial approaches to treatment recommend Acetaminophen and non-steroidal anti-inflammatory drugs. Optional medications include a short course of opioids. The addition of Cyclobenzaprine to other agents is not recommended. Muscle relaxants, non-steroidal anti-inflammatory drugs and opioids for greater than two weeks and topical medications are not recommended. In this case, the injured worker was noted to have myospasms of the cervical spine. Documentation dated July 1, 2015 notes that the treating physician ordered Cyclobenzaprine for the relief of neck pain and Tylenol ES for musculoskeletal pain. The use of cyclobenzaprine appears appropriate in this case. Therefore, the request for Cyclobenzaprine HCL is medically necessary.

**Mapap ES 500mg #90:** 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): Acetaminophen.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend Acetaminophen for the treatment of chronic pain and acute exacerbations of chronic pain. "Acetaminophen is recommended for osteoarthritis of the hip, knee and hand as an initial treatment for mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular and renovascular risk factors." In this case, the injured worker was noted to have been taking Motrin for an extended period of time for chronic pain. The Injured worker developed non-steroidal anti-inflammatory drugs-induced gastritis.

Documentation dated July 1, 2015 notes that the treating physician discontinued the injured workers non-steroidal anti-inflammatory drugs and requested Mapap for musculoskeletal pain. Due to the injured worker intolerance of non-steroidal anti-inflammatory drugs, the request for Mapap ES is medically necessary.

**Omeprazole DR 20mg #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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends the use of non-steroidal anti-inflammatory drugs (NSAIDs) be weighed against both gastrointestinal (GI) and cardiovascular risk factors. It should also be determined if the patient is at risk for gastrointestinal events. The MTUS guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor (PPI) or a Cox-2 selective agent. Long-term PPI medication use greater than one year has been shown to increase the risk of hip fracture. The Official Disability Guidelines state that the use of proton pump inhibitor medication should be used at the lowest dose for the shortest possible amount of time. In this case, the injured worker was noted to have been taking Motrin since January of 2015. Documentation dated July 1, 2015 notes that the injured worker had a diagnosis of non-steroidal anti-inflammatory drugs-induced gastritis. The treating physician discontinued the injured workers non-steroidal anti-inflammatory drugs and ordered Omeprazole for repair of the gastric mucosa. Therefore, the request for Omeprazole is medically necessary.