

Case Number:	CM15-0163039		
Date Assigned:	08/31/2015	Date of Injury:	03/28/2014
Decision Date:	10/15/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	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: 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 54 year old female, who sustained an industrial injury on 03-28-2014. The injured worker is currently able to return to work with modifications. Current diagnoses include wrist and hand sprain-strain, knee and leg sprain-strain, contusion of knee, ribs sprain-strain, and anomaly of tooth position. Treatment and diagnostics to date has included home exercise program, and medications. Current medications include Motrin and Flexeril. Right wrist MRI dated 04-07-2015 showed extensor carpi ulnaris brevis and longus tenosynovitis, joint effusion, bone marrow edema along the scapho-articular surface of the lunate most consistent with contusion versus avascular necrosis, and subchondral cyst formation. In a progress note dated 07-14-2015, the injured worker presented for a follow up for her hands, wrists, and knees. Objective findings included right hand and wrist swelling versus hypertrophy with tenderness to palpation and pain with full range of motion, bilateral knee swelling with tenderness to palpation, positive McMurray's lateral joint line, and left knee tenderness to palpation and mild pain with full range of motion. The treating physician reported requesting authorization for Cyclobenzaprine and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCl 10mg #30: 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), Medications for chronic pain.

Decision rationale: Based on the 7/14/15 progress report provided by the treating physician, this patient presents with intermittent, severe pain in bilateral wrist that radiates to bilateral hands, and intermittent bilateral knee pain that increases with walking/sittings and radiates above/below bilateral knees. The treater has asked for Cyclobenzaprine HCL 10MG #30 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 7/27/15 are generalized pain, duodenal ulcer, and muscle spasm. The patient also complains of right-sided facial pain that is constant and moderate per 7/14/15 report. The patient is s/p a home exercise program per 7/14/15 report. The patient reports muscle spasms at night in the right thigh per 6/29/15 report. The patient was dispensed a hinged knee support and right wrist support, and had a dental consultation for left lower bridge work as patient is s/p fall and facial trauma with left lower tooth pain per 5/23/15 report. The patient's work status is "remain on modified work on 5/13/15 with restrictions" per 5/23/15 report. 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 Cyclobenzaprine, the provider has specified an excessive duration of therapy. The patient has been using another muscle relaxant (Robaxin) on 4/16/15 report, and was taking Cyclobenzaprine in reports dated 5/23/15 and 7/14/15. Guidelines indicate that muscle relaxants such as Cyclobenzaprine are considered appropriate for acute exacerbations of pain/spasm. Although the patient does report spasms in the right thigh, MTUS Guidelines do not recommend use for longer than 2 to 3 weeks. In addition, the requested 30 tablets does not imply the intent to utilize this medication short term. Therefore, the request IS NOT medically necessary.

Omeprazole DR 20mg #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): Medications for chronic pain, NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Based on the 7/14/15 progress report provided by the treating physician, this patient presents with intermittent, severe pain in bilateral wrist that radiates to bilateral hands, and intermittent bilateral knee pain that increases with walking/sittings and radiates above/below bilateral knees. The treater has asked for Omeprazole DR 20mg #60 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 7/27/15 are generalized pain, duodenal ulcer, and

muscle spasm. The patient also complains of right-sided facial pain that is constant and moderate per 7/14/15 report. The patient is s/p a home exercise program per 7/14/15 report. The patient reports muscle spasms at night in the right thigh per 6/29/15 report. The patient was dispensed a hinged knee support and right wrist support, and had a dental consultation for left lower bridge work as patient is s/p fall and facial trauma with left lower tooth pain per 5/23/15 report. The patient's work status is "remain on modified work on 5/13/15 with restrictions" per 5/23/15 report. MTUS, NSAIDs, GI symptoms & cardiovascular risk section, pg. 68, 69: that Omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1. Age greater than 65. 2. History of peptic ulcer disease and GI bleeding or perforation. 3. Concurrent use of ASA or corticosteroid and/or anticoagulant. 4. High dose/multiple NSAID. NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI. MTUS, Medications for Chronic Pain, pg. 60: Recommended as indicated below. Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Prilosec has been prescribed since report dated 4/16/15 and in reports dated 6/29/15 and 7/14/15. MTUS allows for prophylactic use of PPI along with oral NSAIDs when appropriate GI risk is present. Although the patient has a diagnosis of duodenal ulcer, the review of reports does not show a documentation of any GI symptoms. The patient is not currently taking an NSAID. The patient has been taking Prilosec for 3 months without documentation of efficacy. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. Therefore, the request IS NOT medically necessary.