

<b>Case Number:</b>	CM15-0180767		
<b>Date Assigned:</b>	09/22/2015	<b>Date of Injury:</b>	03/28/2014
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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 37 year old female, who sustained an industrial injury on 3-28-2014. The injured worker was diagnosed as having cervical facet arthropathy, cervical spondylosis, and cervical herniated nucleus pulposus. Treatment to date has included diagnostics, physical therapy, and medications. The progress report (4-27-2015) noted the use of Naproxen, noting side effect of gastrointestinal upset, and reduced medication induced nausea and gastritis with the use of Prilosec. Liver and renal function testing was noted in 2-2015. Currently (8-17-2015), the injured worker complains of neck and right wrist pain. She indicated that her right wrist pain "is now worse, occurring more frequently." She reported "stable" neck pain with continued headaches. Her neck pain was rated 4 out of 10, with radiation along the left side of her head. She reported continued numbness along the right side of her head. Her right wrist pain was not rated and was associated with shooting pain extending from the palm of hand to elbow, and now pain to the middle finger of the right hand. Flexeril trial (7-22-2015) was initiated to help reduce tension and improve sleep, noting that she started this at one-half tablet and was now taking 1 whole tablet. She continued to take Naproxen (use since at least 12-2014) twice daily as needed, Gabapentin at night, and Prilosec once daily. She noted that "at times these medications can help to reduce her pain." She reported that Gabapentin made her feel unfocused at times and denied other side effects. She also reported anxiety and night terrors, hearing loud "booming" while sleeping and waking up with ringing in her ears. Her work status remained total temporary disability. Exam noted tenderness over the bilateral cervical facets, positive facet loading bilaterally, non-dermatomal decreased sensation in the right upper extremity, and 5- of 5 strength

in the right wrist extensors. Per the request for authorization (8-17-2015), the treatment plan included Omeprazole 20mg #60, Naproxen 550mg #60, Cyclobenzaprine 7.5mg #30, and Gabapentin 600mg #60. On 9-14-2015, Utilization Review non-certified Omeprazole, Naproxen, and Cyclobenzaprine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Naproxen 550mg #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): Anti-inflammatory medications.

**Decision rationale:** Based on the 08/17/15 progress report provided by treating physician, the patient presents with pain to neck, right wrist and hand rated 4/10. The request is for Naproxen 550mg #60. Patient's diagnosis per Request for Authorization form dated 04/27/15 includes cervical facet arthropathy and cervical spondylosis. Physical examination to the cervical spine on 08/17/15 revealed tenderness over the bilateral facets at C5-C7 and positive facet loading bilaterally. Sensation to the right upper extremity was decreased. Treatment to date has included imaging studies, physical therapy, CSI injection to wrist, home exercise program and medications. Patient's medications include Naproxen, Prilosec, Omeprazole, Gabapentin, and Nortryptiline. The patient is temporarily totally disabled, per 07/22/15 report. MTUS, Anti-inflammatory medications, pg 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. Naproxen was included in patient's medications, per progress reports dated 03/06/15, 05/19/15, and 08/17/15. It is not known when this medication was initiated. Treater states in 04/27/15 report "Naproxen...Reduces pain by 50%. [The patient] is capable of completing more activities after taking Naproxen." Per 08/17/15 report, treater states medications help reduce the patient's pain. Given patient's continued pain and documentation of functional improvement, this request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.

#### **Cyclobenzaprine 7.5mg #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).

**Decision rationale:** Based on the 08/17/15 progress report provided by treating physician, the patient presents with pain to neck, right wrist and hand rated 4/10. The request is for cyclobenzaprine 7.5mg #30. Patient's diagnosis per Request for Authorization form dated 07/22/15 includes cervical facet arthropathy, cervical radiculopathy, cervical stenosis, cervical HNP, possible right TFCC tear, and right wrist sprain/strain. Physical examination to the cervical spine on 08/17/15 revealed tenderness over the bilateral facets at C5-C7 and positive facet loading bilaterally. Sensation to the right upper extremity was decreased. Treatment to date has included imaging studies, physical therapy, CSI injection to wrist, home exercise program and medications. Patient's medications include Naproxen, Prilosec, Omeprazole, Gabapentin, and Nortryptiline. The patient is temporarily totally disabled, per 07/22/15 report. MTUS, Muscle relaxants for pain Section, pg 64 states that Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): "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." MTUS, Cyclobenzaprine (Flexeril) Section, page 41 states: "Recommended as an option, using a short course of therapy." Per 07/22/15 and 08/17/15 report, treater states "...a trial of Flexeril was initiated to help reduce tension and improve sleep." MTUS recommends Cyclobenzaprine (Flexeril), only for a short period (no more than 2-3 weeks). In this case, the request for additional prescription of Flexeril would exceed guideline recommendations. Furthermore, the request for additional quantity 30 does not indicate intended short-term use of this medication. Therefore, the request is not medically necessary.

**Omeprazole 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 rationale:** Based on the 08/17/15 progress report provided by treating physician, the patient presents with pain to neck, right wrist and hand rated 4/10. The request is for Omeprazole 20mg #60. Patient's diagnosis per Request for Authorization form dated 04/27/15 includes cervical facet arthropathy and cervical spondylosis. The patient utilizes a wrist brace at night and occasionally during the day, per 04/27/15 report. Physical examination to the cervical spine on 08/17/15 revealed tenderness over the bilateral facets at C5-C7 and positive facet loading bilaterally. Sensation to the right upper extremity was decreased. Treatment to date has included imaging studies, physical therapy, CSI injection to wrist, home exercise program and medications. Patient's medications include Naproxen, Prilosec, Omeprazole, Gabapentin, and Nortryptiline. The patient is temporarily totally disabled, per 07/22/15 report. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." "Treatment of dyspepsia secondary to

NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole (Prilosec) was included in patient's medications, per progress reports dated 03/06/15, 05/19/15, and 08/17/15. It is not known when this medication was initiated. Treater states in 04/27/15 report that Prilosec "reduces the medication induced nausea and gastritis. Side effects: None... after taking Naproxen. Side effects: GI upset." Per 08/17/15 report, treater states medications help reduce the patient's pain. MTUS allows for prophylactic use of ppi along with oral NSAIDs when appropriate GI risk is present. Treater has provided GI assessment and documented benefit from prophylactic use of PPI. This request appears reasonable and in accordance with guidelines. Therefore, the request is medically necessary.