

<b>Case Number:</b>	CM15-0185552		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	04/11/2010
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial-work injury on 4-11-10. A review of the medical records indicates that the injured worker is undergoing treatment for cervical discopathy with radiculopathy, lumbosacral discopathy with radiculopathy, myofascial pain syndrome, and chronic pain syndrome. Medical records dated (3-23-15 to 8-10-15) indicate that the injured worker complains of neck pain that radiates to the upper extremities and shoulder pain. There is also severe low back pain that radiates to the bilateral lower extremities (BLE). She reports that she is able to manage the pain to an extent with use of the medications. The pain is rated 6 to 8 out of 10 on pain scale; the pain is rated 4-6 out of 10 with medications and 8-9 out of 10 without medications. The pain is aggravated by movement, cold and lying down and alleviated by heat and medications. The physical exam dated 8-10-15 reveals cervical tenderness to palpation, bilateral facet joint tenderness to palpation, positive facet loading test and tightness, triggering and spasm of the cervical muscles. The gait is slow and shuffling. There is lumbar tenderness midline and over the facet joints with positive provocation test. There is muscle spasms noted with positive trigger points and positive straight leg raise bilaterally. Treatment to date has included pain medication, physical therapy, Cyclobenzaprine since at least 3-23-15, Naproxen Sodium since at least 11-3-2010, Omeprazole since at least 3-23-15, acupuncture, epidural steroid injection (ESI) times 2 with some relief, cane, back brace, and other modalities. The treating physician indicates that the urine drug test results dated 1-22-15 and 4-16-15 was consistent with the medication prescribed. The requested services included Cyclobenzaprine HCL 10mg #30, Naproxen Sodium 550mg #60 and Omeprazole 20mg #30. The original Utilization review dated 8-25-15 non-certified the request.

## 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), Muscle relaxants (for pain).

**Decision rationale:** CA MTUS Guidelines state that Cyclobenzaprine (Flexeril) is recommended for a short course of therapy in treating acute muscle spasms. Limited, mixed evidence does not allow for recommendation for chronic use. Guidelines state that Flexeril has its maximal usefulness during the first 4 days of therapy. It is not indicated for long-term use; no more than 2-3 weeks maximum. In this case, the patient has been taking Flexeril since at least 3/23/2015, far exceeding recommended guidelines. There are no exceptional factors submitted for review, therefore the request is not medically necessary or appropriate.

### **Naproxen Sodium 550mg #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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** CA MTUS Guidelines support the use of NSAIDs in treating pain associated with osteoarthritis and other musculoskeletal conditions. It is intended for short-term use. In this case, there is a lack of documentation of osteoarthritis. There is also a lack of documentation indicating the efficacy and objective functional benefit being received from the Naproxen. The duration of use is at least from 11/3/2010, exceeding guidelines and placing the patient at increased risk for cardiovascular and GI adverse events. Therefore, based on the above, this request is not medically necessary or appropriate.

### **Omeprazole 20mg #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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** CA MTUS Guidelines state that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for GI events with NSAID use. Within the documentation available for review, there is no evidence of the patient complaining of dyspepsia secondary to NSAID use, a moderate to high risk for GI events with NSAID use, or other indication for this medication. In addition, since Naproxen is not indicated, the request for Omeprazole is not medically necessary or appropriate.