

<b>Case Number:</b>	CM15-0188005		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	12/09/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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: New York

Certification(s)/Specialty: Internal 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:

This is a 43-year-old male with a date of industrial injury 12-09-2013. The medical records indicated the injured worker (IW) was treated for discogenic lumbar condition (MRI showing two-level disc disease with radicular component down the lower extremity); internal derangement of the left knee; and wrist injury on the left. In the progress notes (7-30-15), the IW reported low back pain and left knee and wrist pain. Medications included Norco (since at least 5-2015), Remeron, Tramadol ER and Topamax. The 6-26-15 notes indicated he also had pain, spasms and stiffness in the left wrist, ankle and low back. His pain was "unchanged". The provider noted the IW needed Norco refilled; he had lost his last prescription. The provider was requesting Celebrex for the first time. On physical exam (7-30-15 notes), the IW had tenderness across the lumbar paraspinal muscles, pain along the facets and pain with facet loading. There was also pain along the left knee, medial greater than lateral joint line. Treatments included physical therapy and medications. The IW was not working. No previous imaging results of the left shoulder were available for review. There was no documentation of a signed pain management contract and no urine drug screens were available. The records did not indicate if or when the IW started Neurontin, Lunesta, Aciphex, Flexeril and Norflex ER. A Request for Authorization was received for MRI of left shoulder without contrast, Celebrex 100 mg (#30), Neurontin 600 mg (#90), Lunesta 2 mg (#30), Aciphex 20 mg (#30), Flexeril 7.5 mg (#60), Norflex ER 100 mg (#60). The Utilization Review on 9-22-15 non-certified the request for MRI of left shoulder without contrast, Celebrex 100 mg (#30), Neurontin 600 mg (#90), Lunesta 2 mg (#30), Aciphex 20 mg (#30), Flexeril 7.5 mg (#60), Norflex ER 100 mg (#60).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI without contrast of the left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Shoulder Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter-- Magnetic resonance imaging (MRI).

**Decision rationale:** As per ODG- criteria for MRI (magnetic resonance imaging): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; Subacute shoulder pain, suspect instability/labral tear; Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. As per progress notes in the Medical Records, the injured worker does not appear to have significant changes in symptoms and signs. The records are not clear about neurological findings, and there are no red flags. There is no documentation of failed conservative measures and no reports of prior imaging, if any can be located within the submitted medical records. The treating provider does not provide specific rationale as to how MRI Study will affect the treatment plan in this injured worker. Review of submitted Records provide no clear rationale that meets the recommended guidelines for this requested treatment. Without such evidence, and based on guidelines cited, the request for MRI without contrast of the left shoulder is not medically necessary and appropriate.

**Celebrex 100mg #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 (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the California Medical Treatment Utilization Schedule (CMTUS) guidelines, non-steroidal anti-inflammatory drugs are recommended as a second-line treatment after acetaminophen for short-term relief of osteoarthritis (including the knee and hip) and acute exacerbations of low back pain symptoms. "It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals." The CMTUS recommends the use of Selective COX-2 non-steroidal anti-inflammatory drugs, such as Celebrex, when the injured worker has an intermediate risk for gastrointestinal events and no cardiovascular disease or has mild to moderate risk factors for cardiovascular disease. There was lack of evidence of the injured worker having gastrointestinal issues or any risk factors for cardiovascular disease. Review of Medical Records do not indicate that in this injured worker, previous use of this medication has been effective in maintaining effective functional improvement. The medical necessity of the requested medication has not been established. The requested treatment: Celebrex 100mg #30 is not medically necessary.

**Neurontin 600mg #90:** 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): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Anti-epilepsy drugs (AEDs) for pain.

**Decision rationale:** According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. In this case, there is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify, that previous use of this medication has been effective in maintaining the functional improvement. Medical necessity for Neurontin has not been established. The requested treatment: Neurontin 600mg #90 is not medically necessary.

**Lunesta 2mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-(Chronic): Eszopicolone (Lunesta); Insomnia; Insomnia treatment.

**Decision rationale:** The California Medical Treatment Utilization Schedule (CMTUS) guidelines are silent on this request. The Official Disability Guidelines (ODG) guidelines recommend Eszopicolone (Lunesta) for short-term treatment of insomnia. The ODG recommends correcting sleep deficits, such as difficulty in sleep initiation or maintenance, and/or early awakening. There is insufficient evidence to support the diagnosis of insomnia. There was lack of documentation of symptoms of insomnia and the resulting impairments. There was lack of documentation of the use of sleep hygiene techniques being used to correct sleep deficits. Therefore, the request for Lunesta 2mg #30 is not medically necessary.

**AcipHex 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter- Proton pump inhibitors (PPIs).

**Decision rationale:** As per CA MTUS guidelines, in patients who are taking NSAID medications, the risk of gastrointestinal (GI) risk factors should be determined. MTUS makes the following recommendations regarding increased gastrointestinal event risk: "Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a proton- pump inhibitor (PPI) if absolutely necessary. Patients at high risk of gastrointestinal events with cardiovascular disease: If GI risk is high the suggestion is for a low-dose Cox-2 plus low dose Aspirin (for cardioprotection) and a PPI." As per ODG, PPI's are recommended for patients at risk for GI events and should be used at the lowest dose for the shortest possible amount of time. The risks of long-term PPI use must be weighed against the risks including the potential for cardiovascular events. Aciphex should be used as a second-line therapy. The documentation shows that the injured worker was prescribed this medication since at least 02/09/2015. There is no explanation as to whether the injured worker had attempted and failed a first line proton-pump inhibitor and no documentation as to whether Aciphex was effective at treating the injured worker's symptoms. Therefore, the request for Aciphex 20mg #30 is not medically necessary.

**Flexeril 7.5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Muscle relaxants.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment: Flexeril 7.5mg #60 is not medically necessary.

**Norflex ER 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines notes all chronic pain therapies are focused on the goal of functional restoration rather than merely the elimination of pain, and assessment of treatment efficacy is accomplished by reporting functional improvement. The MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management, and a reduction in the dependency on continued medical treatment." The guidelines recommend "non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain". Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility, however, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement, with no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, with prolonged use of some medications in this class leading to dependence, and despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Norflex is an antispasmodic muscle relaxant. In this case, the available records are not clear about any functional improvement from prior Norflex use. Based on the guidelines, the documentation provided did not support the medical necessity of the request for Norflex ER 100mg #60. Also there is no rationale about this injured worker being on two different muscle relaxants. The request is not medically necessary.