

Case Number:	CM15-0188256		
Date Assigned:	09/30/2015	Date of Injury:	12/04/2007
Decision Date:	11/09/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	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: California, Indiana, 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:

The injured worker is a 57 year old, male who sustained a work related injury on 12-4-07. A review of the medical records shows he is being treated for neck and low back pain. Treatments have included neck injections (one week pain relief) and lumbar spine surgeries. Current medications include Cyclobenzaprine, Neurontin and Prilosec. He reports the medication is "allowing him to remain functional and reduces the pain by 50%." In the last few progress notes, the injured worker reports cervical and lumbar spine pain. He describes the pain as aching, annoying, constant, sore and severe. He states the pain is unchanged. He reports no neck spasms since "the last injection." He gets dizzy when looking up and feels off balance when looking side to side. He reports his back pain is better since the surgeries. He rates his current pain level a 4 out of 10. He reports pain at worst is a 10 out of 10. On physical exam dated 8-17-15, he has painful and decreased range of motion in cervical spine. There is insufficient documentation of a lumbar exam, sensation and-or radicular symptoms in arms and-or legs and any complaints of gastrointestinal issues. Working status unknown. The treatment plan includes requests for a cervical spine MRI, for a vestibular auricular test and refills of medications. The Request for Authorization dated 8-18-15 has requests for Cyclobenzaprine 7.5mg. three times a day as needed for 60 days, #180, Neurontin 300mg. 1 tablet every 8 hours for 60 days #180 and Prilosec 20mg. 1 tablet once a day for 60 days #60. In the Utilization Review dated 8-24-15, the requested treatments of Cyclobenzaprine 7.5mg. #180, Neurontin 300mg. #180 and Prilosec 20mg. #60 are not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #180: 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): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 7.5 mg #180 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are spondylosis cervical; radiculopathy lumbosacral; and lumbar spondylosis. Date of injury is December 4, 2007. Request for authorization is August 18, 2015. The utilization review indicates the treating provider prescribed cyclobenzaprine as far back as October 2013. According to a February 26, 2015 progress note, Prilosec was prescribed. According to an August 17, 2015 progress note, subjective complaints include neck and low back pain. Medications reduce pain by 50%. Objectively, there is tenderness to palpation neck with range of motion. Motor examination is normal. There is no neurologic evaluation. There are no risk factors for gastrointestinal events, peptic ulcer disease or GI bleeding. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or attitude exacerbation of chronic low back pain. The treating provider continued cyclobenzaprine in excess of 22 months. The guidelines recommend short-term (less than two weeks). There is no documentation demonstrating objective functional improvement. Based on the clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, treatment continued in excess of 22 months (guidelines recommend short-term less than two weeks) and no compelling clinical facts to support ongoing use, cyclobenzaprine 7.5 mg #180 is not medically necessary.

Neurontin 300mg #180: 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 section, Antiepilepsy drugs (AEDs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Neurontin (Gabapentin) 300 mg #180 is not medically necessary. Gabapentin is recommended for some neuropathic pain conditions and fibromyalgia. Gabapentin is associated with a modest increase in the number of patients experiencing meaningful pain reduction. Gabapentin is an anti-epilepsy drug. In this case, the injured worker's working diagnoses are spondylosis cervical; radiculopathy lumbosacral; and lumbar spondylosis. Date of injury is December 4, 2007. Request for authorization is August 18, 2015. The utilization review indicates the treating provider prescribed cyclobenzaprine as far back as October 2013. According to a February 26, 2015 progress note, Prilosec was prescribed. According to an August 17, 2015 progress note, subjective complaints include neck and low back pain. Medications reduce pain by 50%. Objectively, there is tenderness to palpation neck with range of motion. Motor examination is normal. There is no neurologic evaluation. There are no risk factors for gastrointestinal events, peptic ulcer disease or GI bleeding. There is no documentation reflecting objective evidence of neuropathic pain. As noted above, there is no neurologic evaluation in the medical record. There is no clinical indication or rationale for Neurontin. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of a neurologic examination and no subjective or objective evidence of neuropathic pain, Neurontin (Gabapentin) 300 mg #180 is not medically necessary.

Prilosec 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12 p. [11 references].

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Proton pump inhibitors.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Prilosec 20 mg #60 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. Protonix, Dexilant and Aciphex should be second line PPIs. In this case, the injured worker's working diagnoses are spondylosis cervical; radiculopathy lumbosacral; and lumbar spondylosis. Date of injury is December 4, 2007. Request for authorization is August 18, 2015. The utilization review indicates the treating provider prescribed cyclobenzaprine as far back as October 2013. According to a February 26, 2015 progress note, Prilosec was prescribed. According to an August 17, 2015 progress note, subjective complaints include neck and low back pain. Medications reduce pain by 50%. Objectively, there is tenderness to palpation neck with range of motion. Motor examination is normal. There is no neurologic evaluation. There are no risk factors for gastrointestinal events, peptic ulcer disease or GI bleeding. The treating provider has not prescribed nonsteroidal anti-inflammatory drugs. As noted above, there are no risk factors or

comorbid conditions for gastrointestinal events including history of peptic ulcer, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose multiple nonsteroidal anti-inflammatory drugs. There is no clinical indication or rationale for prescribing Prilosec. Based on the clinical information and medical records, peer-reviewed evidence-based guidelines, no clinical indication or rationale for a proton pump inhibitor and no comorbid conditions or risk factors for gastrointestinal events, Prilosec 20 mg #60 is not medically necessary.