

Case Number:	CM15-0191067		
Date Assigned:	10/05/2015	Date of Injury:	03/05/2007
Decision Date:	12/10/2015	UR Denial Date:	09/12/2015
Priority:	Standard	Application Received:	09/28/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48 year old female, who sustained an industrial injury on 3-5-2007. The injured worker was being treated for right pain syndrome, neck pain, status post right elbow ulnar nerve decompression times 2, status post right shoulder surgery, complex regional pain syndrome of the right upper extremity, low back pain with referring pain to the right leg, and status post cervical spinal cord stimulator. On 8-28-2015, the injured worker reported ongoing moderate pain of the neck, base of the skull, and right upper extremity. The treating physician these areas are very sensitive to touch. Her pain was rated: worst 10 out of 10 without meds, least 4 out of 10, on average 8 out of 10 with medications, and current 6 out of 10. Per the treating physician (8-28-2015 report), the injured worker was at her baseline of overall functioning, she did not experience side effects from her current pain medications, and she had no aberrant drug-taking behaviors. In addition, the treating physician noted that urine toxicology screening results were consistent. The physical exam (8-28-2015) revealed tenderness to palpation of the neck with normal range of motion. There were intact surgical incisions of the right elbow with slightly decreased range of motion. There was an intact surgical incision of the right shoulder with slightly decreased range of motion and positive impingement. There was slight tenderness to palpation of the right lower back with normal lumbar range of motion. There was a decreased right hand grip, decreased and symmetrical reflexes of the upper extremities, and a normal gait with good toe-heel walk. Treatment has included a spinal cord stimulator and medications including oral pain (Norco since at least 2-2015), topical pain, anti-epilepsy, antidepressant (Cymbalta since at least 2-2015), proton pump inhibitor (Omeprazole since at least 2-2015), muscle relaxant (Cyclobenzaprine since at least 2-2015), and non-steroidal

anti-inflammatory (Celebrex). On 8-28-2015, the requested treatments included Cyclobenzaprine 7.5mg, Omeprazole 20mg, Cymbalta (delayed release) 60mg, Norco 10-325mg, and Celebrex 200mg. On 9-12-2015, the original utilization review non-certified requests for Cyclobenzaprine 7.5mg #90, Omeprazole 20mg #90, Cymbalta (delayed release) 60mg #60, Norco 10-325mg #180, and Celebrex 200mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #90, 1 tab 3 times a day for 30 days, with 2 refills: 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: Per the MTUS, Cyclobenzaprine is recommended as an option in the treatment of chronic pain using a short course of therapy. It is more effective than placebo in the management of back pain, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment suggesting that shorter courses may be better. Treatment should be brief. A review of the injured workers medical records reveal that she has been on cyclobenzaprine long term which is not consistent with the guideline recommendations. There was no documentation of ongoing muscle spasms that would warrant deviating from the guidelines, continued use is not appropriate, therefore the request for Cyclobenzaprine 7.5mg #90, 1 tab 3 times a day for 30 days, with 2 refills is not medically necessary.

Omeprazole 20mg #90, delayed release 2 tabs per day for 30 days, with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 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). Per the ODG, PPI's are recommended for patients at risk for gastrointestinal events. In general, the use of a PPI should be limited to the recognized indications and used at the lowest dose for the shortest possible amount of time. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Studies suggest, however, that nearly half of all PPI

prescriptions are used for unapproved indications or no indications at all. Many prescribers believe that this class of drugs is innocuous, but much information is available to demonstrate otherwise. Products in this drug class have demonstrated equivalent clinical efficacy and safety at comparable doses, including esomeprazole (Nexium), lansoprazole (Prevacid), omeprazole (Prilosec), pantoprazole (Protonix), dexlansoprazole (Dexilant), and rabeprazole (Aciphex). (Shi, 2008) A trial of omeprazole or lansoprazole had been recommended before prescription Nexium therapy (before it went OTC). The other PPIs, Protonix, Dexilant, and Aciphex, should be second-line. According to the latest AHRQ Comparative Effectiveness Research, all of the commercially available PPIs appeared to be similarly effective. (AHRQ, 2011) A review of the injured workers medical records reveal that she has been on multiple NSAID therapy, the use of a PPI in this setting is appropriate, therefore the request for Omeprazole 20mg #90, delayed release 2 tabs per day for 30 days, with 2 refills is medically necessary.

Cymbalta 60mg #60, delayed release 1 cap twice daily for 30 days, with 1 refill: 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): Antidepressants for chronic pain.

Decision rationale: Per the MTUS, antidepressants are recommended as a first line option in the treatment of neuropathic pain and also possibly for non- neuropathic pain. Duloxetine (Cymbalta) is FDA approved for anxiety, depression, diabetic neuropathy and fibromyalgia, it is used off label for neuropathic pain and radiculopathy. A review of the injured workers medical records reveals a complex history of chronic pain. The use of Cymbalta in the treatment of this injured workers chronic pain is medically necessary and appropriate; therefore the request for Cymbalta 60mg #60, delayed release 1 cap twice daily for 30 days, with 1 refill is medically necessary.

Norco 10/325mg #180, 1 tab 6 times daily for 30 days: 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): Opioids, criteria for use.

Decision rationale: Per the MTUS, opioids should be discontinued if there is no overall improvement in function, unless there are extenuating circumstances, Opioids should be continued if the patient has returned to work or has improved functioning and pain. Ongoing management actions should include prescriptions from a single practitioner, taken as directed and all prescriptions from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. Documentation should follow the 4 A's of analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. Long term users of opioids should be regularly reassessed. In the maintenance phase the dose should not be lowered if it is working. Also, patients who receive opioid therapy may sometimes

develop unexpected changes in their response to opioids, which includes development of abnormal pain, change in pain pattern, persistence of pain at higher levels than expected when this happens opioids can actually increase rather than decrease sensitivity to noxious stimuli. it is important to note that a decrease in opioid efficacy should not always be treated by increasing the dose or adding other opioids, but may actually require weaning. A review of the injured workers medical records reveal documentation of improvement in pain with the use of opioids, ongoing management actions as well as the 4A's were also addressed continued use appears appropriate, therefore the request for Norco 10/325mg #180, 1 tab 6 times daily for 30 days is medically necessary.

Celebrex 200mg #30, 1 tab each morning for 30 days, with 2 refills: 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: Per the MTUS, NSAIDs and COX-2 NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on this, Unfortunately the rationale for the choice of this medication in the injured worker who is already on NSAID's with prophylactic PPI is unclear, without his information medical necessity is not established.