

<b>Case Number:</b>	CM15-0194298		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	09/30/2007
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 52 year old male who sustained an industrial injury on 9-2007. A review of medical records indicates the injured worker is being treated for chronic pain, status post cervical spine fusion C5-6, C6-7, chronic pain other, and lumbar radiculopathy. Medical records dated 7-30-2015 noted neck pain and low back pain. Pain is aggravated by activity. Pain is rated 2 out of 10 with medications and 8 out of 10 without medications. Pain had worsened since the last visit. Physical examination noted lumbar range of motion was moderately limited secondary to pain. Straight leg raise was positive on the right at 70 degrees. Treatment has included physical therapy, Cyclobenzaprine, Fenoprofen, omeprazole since at least 5-7-2015 and Viagra since 7-30-2015. Utilization review form dated 9-23-2015 noncertified myofascial release, physical therapy, Cyclobenzaprine 7.5 #30, Fenoprofen 400mg #60, Omeprazole 20mg #30, and Viagra 50mg #10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial release (cervical, lumbar) (2x/4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**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, Myofascial Pain/therapies.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this request for this patient. Per ODG, myofascial pain is defined as pain or autonomic phenomena associated with range of motion dysfunction referred from active trigger points, a focus of hyperirritability in a palpable taut band of skeletal muscle that, when compressed, is locally tender and, if sensitized, gives rise to referred pain and tenderness. The therapy for myofascial pain requires enhancing central inhibition through pharmacology or behavioral techniques and simultaneously reducing peripheral inputs through physical therapies including exercises and trigger point-specific therapy. Per Guidelines, due to a lack of research, treatment is not recommended as long-term clinical efficacy of most treatment for myofascial pain has not been determined. Submitted reports have not adequately demonstrated specific clinical findings of myofascial etiology nor show functional benefit from previous treatment modalities. There is no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response not consistent with myofascial diagnosis. Therefore, based on the submitted medical documentation, the request for multiple sessions of myofascial release is not medically necessary.

**Physical therapy (cervical, lumbar) (2x/4): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 99, Physical Therapy.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of physical therapy for this patient. The California MTUS Guidelines for physical medicine state that: Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Guidelines also state that practitioners should, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. This patient has previously had physical therapy for his chronic cervical neck pain; but now his physician is requesting an additional sessions. The guidelines recommend fading of treatment frequency with transition to a home exercise program, which this request for a new physical therapy plan does not demonstrate. Clear documentation of results associated with prior therapy or goals of treatment are also not documented. Therefore, based on the submitted medical documentation, the request for physical therapy is not medically necessary.

**Cyclobenzaprine 7.5mg #30: Upheld**

**Claims Administrator 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), Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. This patient has been diagnosed with chronic back and neck pain after cervical fusion of C5-C7. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine is not-medically necessary.

**Fenoprofen 400mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

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

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Although this patient has chronic neck and back pain after a C5-C7 fusion, the MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc.). The medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for Fenoprofen prescription has not been established.

**Omeprazole 20mg #30:** Upheld

**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:** There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDS and if the patient has gastrointestinal risk factors. This patient is on NSAIDS. Additionally, per the Federal Drug Administration's (FDA) prescribing guidelines for PPI use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records do not support that he has GERD in conjunction with his chronic cervical pain. Furthermore, the patient has no documentation of why chronic PPI therapy is necessary. His GERD is not documented to be refractory to H2 blocker therapy and he does not have records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Omeprazole prescription is not medically necessary.

**Viagra 50mg #10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation FDA Prescribing Indications and Information:

Viagra <http://www.fda.gov/Drugs/DrugSafety/PostmarketDrugSafetyInformationforPatientsandProviders/ucm162833.htm>.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of Viagra (generic: Sildenafil) for this patient. The clinical records submitted do not support the fact that this patient has a current indication for this medication. The California MTUS guidelines and the ACOEM Guidelines do not address the topic of Viagra. Per the FDA guidelines for use, Viagra is indicated for treatment of premature ejaculation and erectile dysfunction (ED). Although the medical records support that this patient has chronic neck pain after C5-C7 fusion, there is not documentation of genitourinary issues, including sexual dysfunction. In fact, the patient's most recent clinical exam did not address the GU system. Therefore, based on the submitted medical documentation, the request for Viagra 100mg is not medically necessary.