

<b>Case Number:</b>	CM15-0194634		
<b>Date Assigned:</b>	10/08/2015	<b>Date of Injury:</b>	01/31/2003
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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 47 year old female, who sustained an industrial injury on January 31, 2003, incurring neck and right shoulder injuries. She was diagnosed with cervical degenerative disc disease and right shoulder impingement syndrome. She underwent surgical biceps tendon release, decompression, tenolysis and manipulation under anesthesia. In 2007, a Magnetic Resonance Imaging revealed degenerative changes in the acromioclavicular joint and a Magnetic Resonance Imaging in 2009, showed a rotator cuff tear. In 2014, a Magnetic Resonance Imaging of the right shoulder showed 50% partial tear of the shoulder. A cervical Magnetic Resonance Imaging revealed canal stenosis and disc bulging. Treatment included pain medications, muscle relaxants, proton pump inhibitor, neuropathic medications, antidepressants and sleep aides, chiropractic sessions, transcutaneous electrical stimulation unit, neck bracing, and activity restrictions. Currently, the injured worker complained of persistent right upper extremity, neck, and arm, shoulder and elbow pain. The consistent pain interfered with activities of daily living including household chores. She noted frequent headaches and difficulty reaching overhead. She reported shooting pain down both arms into her hands. She noted in the past that the chiropractic sessions helped relieve her pain and discomfort. The treatment plan that was requested for authorization included prescriptions for Flexeril 10 mg #60, Omeprazole 40 mg #60, Tylenol 4 #90 and a request for twelve chiropractic sessions. On September 18, 2015, a request for prescriptions for Flexeril, Omeprazole and Tylenol 4 was denied by utilization and a request for twelve chiropractic sessions was modified to six chiropractic sessions by utilization review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 pain of the cervical and upper spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Flexeril is not medically necessary.

**Omeprazole 40mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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 not 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 support that he has GERD. However, 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 has not records that indicate an active h. pylori infection. Therefore, based on the submitted medical documentation, the request for Omeprazole prescription is not medically necessary.

#### **Tylenol 4 #90: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if (a) If the patient has returned to work, (b) If the patient has improved functioning and pain. MTUS guidelines also recommends that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. Therefore, based on the submitted medical documentation, the request for Tylenol #4 is not medically necessary.

#### **Chiropractic treatment sessions #12: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this intervention for this patient. The California MTUS Guidelines state that Chiropractic manipulation is recommended for the treatment of chronic pain that has acute flares or requires therapeutic care. However, it is not recommended for elective for maintenance therapy. The medical records support that this patient has chronic back pain which has been stable with no recent acute interventions. The patient's pain appears to be at a steady state for which she has received chiropractic manipulation in the past. MTUS does not support the need for manipulation as maintenance therapy. Furthermore, even though the patient has subjectively reported that manipulation has helped with her pain, there is no objective and functional documentation of improvement. Therefore, based on the submitted medical documentation, medical necessity for chiropractic treatment sessions has not been established. The request is not medically necessary.