

<b>Case Number:</b>	CM15-0195402		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	05/09/1998
<b>Decision Date:</b>	12/14/2015	<b>UR Denial Date:</b>	09/21/2015
<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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 70-year-old male with a date of industrial injury 5-9-1998. The medical records indicated the injured worker (IW) was treated for lumbago and thoracic or lumbosacral neuritis or radiculitis, unspecified. In the progress notes (9-10-15), the IW was stated to have had a 5-hour lumbar spine surgery on 7-17-15 and was hospitalized for 5 days; he had been unable to walk. The notes also mentioned a right hand surgery that had been performed. Medications included Cyclobenzaprine 7.5mg (since at least 2-2015), Norco 10-325mg (since at least 2-2015), Omeprazole (prescribed 9-10-15), Dilaudid, Neurontin and Ibuprofen. On examination (9-10-15 notes), the right hand sutures were ecchymotic and there was limited range of motion in the fifth metacarpophalangeal joint. The right hand had swelling. Lumbar range of motion was recorded in degrees as flexion 60, extension 20 and lateral rotation 25, left and right. Heel and toe walking was intact. Treatments included physical therapy, lumbar spine surgery and medications. The IW was retired. There was no documentation of improved pain and function with the requested medications. The records did not show any indication that the IW had a condition requiring the use of Omeprazole. There also were no urine drug screens submitted to confirm medication compliance. A Request for Authorization dated 9-10-15 was received for Omeprazole 20mg, 1 twice daily, #60, no refill (prescribed 09/10/2015), Cyclobenzaprine 7.5mg, 1-2 at bedtime as needed, #60 (prescribed 09/10/2015) and Norco 10-325mg, 1 three times daily, #90, no refill (prescribed 09/10/2015). The Utilization Review on 9-21-15 non-certified the request for Omeprazole 20mg, 1 twice daily, #60, no refill (prescribed 09/10/2015), Cyclobenzaprine 7.5mg, 1-2 at bedtime as needed, #60 (prescribed 09/10/2015) and Norco 10-325mg, 1 three times daily, #90, no refill (prescribed 09/10/2015).

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, 1 by mouth twice daily #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:** The California chronic pain medical treatment guidelines section on NSAID therapy and proton pump inhibitors (PPI) states: Recommend with precautions as indicated below. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastro duodenal lesions. Recommendations: Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK. (e.g, ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 mg four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary. There is no documentation provided that places this patient at intermediate or high risk that would justify the use of a PPI. There is no mention of current gastrointestinal or cardiovascular disease. For these reasons, the criteria set forth above per the California MTUS for the use of this medication has not been met. Therefore, the request is not medically necessary.

**Cyclobenzaprine 7.5mg, 1-2 by mouth at bedtime as needed #60:** 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, Pain.

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

**Decision rationale:** The California chronic pain medical treatment guidelines section on muscle relaxants states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004)

(See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. (Homik, 2004) (Chou, 2004) This medication is not intended for long-term use per the California MTUS. The medication has not been prescribed for the flare-up of chronic low back pain but rather ongoing lumbar back pain. This is not an approved use for the medication. For these reasons, criteria for the use of this medication have not been met. Therefore, the request is not medically necessary.

**Norco 10-325mg, 1 by mouth 3 times daily #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

**Decision rationale:** When to Continue Opioids (a) If the patient has returned to work (b) If the patient has improved functioning and pain (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore, all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.