

<b>Case Number:</b>	CM15-0196439		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	05/04/2015
<b>Decision Date:</b>	11/16/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 51 year old male, who sustained an industrial injury on 5-4-2015. The injured worker is undergoing treatment for: neck pain. On 7-22-15, he denied gastrointestinal issues. On 8-20-15, he reported neck pain. His pain is not rated. There is no documented physical examination. On 9-10-15, he reported neck pain. He also reported right eye pain, dizziness, popping and headaches. He denied pain radiation. There are no objective findings documented. The provider noted that Anaprox, Cyclobenzaprine were helping with pain and spasms. There is notation of no side effects with cyclobenzaprine. Omeprazole is noted to be for "protection against gastrointestinal events from the use of chronic medications and is benefitting from the use of this medication improving the tolerance of other prescribed medications". The treatment and diagnostic testing to date has included: ice, medications, changing positions while laying down, magnetic resonance imaging of the cervical spine (8-5-15), x-rays of the cervical spine (5- 22-15). Medications have included: ibuprofen, Flexeril, naproxen, Prilosec, and Tramadol. The records indicate he has been utilizing Flexeril, Ultracet, Anaprox and Prilosec since at least July 2015, possibly longer. Current work status: temporarily totally disabled. The request for authorization is for: Naproxen 550mg (Anaprox) quantity 60 with one refill; Omeprazole 20mg (Prilosec) quantity 60 with 2 refills; Cyclobenzaprine 7.5mg (Flexeril) quantity 90 with one refill; Tramadol 325mg (Ultracet) quantity 60 with one refill. The UR dated 9-17-2015: modified certification of Naproxen 550mg (Anaprox) quantity 60; Omeprazole 20mg (Prilosec) quantity 60; Cyclobenzaprine 7.5mg (Flexeril) quantity 90; Tramadol 325mg (Ultracet) quantity 60, all with no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg (Anaprox) #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** Naproxen (Aleve or Naprosyn) is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, and short-term pain relief in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of NSAIDs with documentation of subjective improvement. However, there was no documentation of objective evidence of functional benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen with 1 refill is not medically necessary.

**Omeprazole 20mg (Prilosec) #60 with 2 refills: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age > 65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, the patient has reported a decrease in GI disturbances secondary to NSAIDs with the use of Omeprazole. However, the Naproxen (with 1 refill) was not found to be medically necessary, which would mean that the Omeprazole would not appear to be medically necessary for this patient. Medical necessity for Omeprazole with 2 refills has not been established. Therapy with a PPI is not medically necessary for this patient.

**Cyclobenzaprine 7.5mg (Flexeril) #90 with 1 refill: 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), Muscle relaxants (for pain).

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. It is closely related to the tricyclic antidepressants. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Cyclobenzaprine is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four (4) days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. In this case, the medical records show that the injured worker has been taking this muscle relaxant for greater than 3 weeks. Based on the currently available information, the medical necessity for Cyclobenzaprine with 1 refill has not been established. The requested medication is not medically necessary.

**Tramadol 325mg (Ultracet) #60 with 1 refill:** 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 for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. According to the ODG, Tramadol/Acetaminophen is for short term use of < 5 days in acute pain management (and is not recommended for patients with hepatic impairment). This medication was prescribed on 09/10/2015, which exceeds the recommended guidelines for use. In addition, there is no documentation of the rationale for a refill at this time. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested treatment with Ultracet is not medically necessary.