

<b>Case Number:</b>	CM15-0200317		
<b>Date Assigned:</b>	10/15/2015	<b>Date of Injury:</b>	11/22/2013
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 29 year old female who sustained an industrial injury on 11-22-2013. A review of the medical records indicated that the injured worker is undergoing treatment for shoulder joint pain, low back pain, cervical degenerative disc disease, cervicgia, lumbar facet retrolisthesis and myofascial pain. According to the treating physician's progress report on 08-31-2015, 09-03-2015 and 09-15-2015 the injured worker continues to experience neck and low back pain rated at 5 out of 10 on the pain scale. Examination demonstrated tenderness in the mid lumbar spine with thoraco-lumbar scoliosis noted. Motor strength was 5 out of 5 in the bilateral upper and lower extremities with sensation intact. Gait was stable and straight leg raise elicited no significant pain. Faber testing showed minimal discomfort. There was no documentation of gastrointestinal (GI) upset or reflux. Electrodiagnostic studies of the bilateral upper extremities performed on 06-13-2015 with official report were included in the review. Lumbar spine magnetic resonance imaging (MRI) performed in 02-2014 was reviewed by the physician in the progress report dated 08-31-2015. Prior treatments have included diagnostic testing, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, home exercise program and medications. Current medications were listed as Naprosyn, Flexeril and Prilosec. Treatment plan consists of continuing with medication regimen, continuing with transcutaneous electrical nerve stimulation (TENS) unit, home exercise program, lumbar back support and the current request for Prilosec 20mg #30 and Flexeril 7.5mg #30. On 09-18-2015 the Utilization Review determined the requests for Prilosec 20mg #30 and Flexeril 7.5mg #30 were not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **1 prescription of Prilosec 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** MTUS and ODG states, "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)." And "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 g 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)." The medical documents provided do not establish the patient has having documented GI bleeding, perforation, peptic ulcer, high dose/multiple NSAID, or other GI risk factors as outlined in MTUS. As such, the request for 1 prescription of Prilosec 20mg #30 is not medically necessary.

### **1 prescription of Flexeril 7.5mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) and Other Medical Treatment Guidelines UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." "The medication is not recommended to be used for longer than 2-3 weeks." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine

the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded (Mens, 2005)."

Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." The patient has been prescribed Flexeril since at least 01/06/2014 in excess of guidelines. As such, the request for 1 prescription of Flexeril 7.5mg #30 is not medically necessary.