

Case Number:	CM15-0200501		
Date Assigned:	10/15/2015	Date of Injury:	05/26/2015
Decision Date:	12/07/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old male with a date of industrial injury 5-26-2015. The medical records indicated the injured worker (IW) was treated for cervical strain-sprain and thoracic strain-sprain. In the notes (9-9-15), the IW reported thoracic and right cervical dorsal pain rated 5 out of 10; the pain was 3 at best and 8 at worst. Medications included Naproxen, Prilosec (since at least 7-2015), Cyclobenzaprine (since at least 7-2015) and FCL topical cream. On examination (9-9-15 notes), there was tenderness throughout the thoracic region and the bilateral cervical dorsal region. Range of motion of the cervical spine was decreased from normal according to the measurements. Exams on 7-2-15 and 8-5-15 noted tenderness in the cervical, upper thoracic and shoulder areas. There was no documentation of complaints of gastrointestinal issues or the presence of muscle spasms. Treatments included physiotherapy and medications. A Request for Authorization dated 9-9-15 was received for Cyclobenzaprine 10mg, #30 one at bedtime as needed for spasm and Prilosec 20mg, #30 one every morning to protect stomach lining #30. The Utilization Review on 9-16-15 non-certified the request for Cyclobenzaprine 10mg, #30 one at bedtime as needed for spasm and Prilosec 20mg, #30 one every morning to protect stomach lining.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 MG Qty 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 rationale: The 36-year-old patient complains of pain in neck, upper thoracic region, mid thoracic region, bilateral shoulders, left hip, and left pelvis; and left sacroiliac discomfort; rated at 3/7/10, as per progress report dated 09/09/15. The request is for CYCLOBENZAPRINE 10 MG QTY 30. The RFA for this case is dated 09/09/15, and the patient's date of injury is 05/26/15. Diagnoses, as per progress report dated 09/09/15, included cervical intervertebral disc disorder with myelopathy, lumbar disc herniation, and shoulder tendinitis. Medications included Cyclobenzaprine, Naproxen and Prilosec. The patient is temporarily totally disabled, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, a prescription for Cyclobenzaprine is first noted in progress report dated 07/02/15. It is not clear if this was the first request for the muscle relaxant or if the patient has used it in the past. However, it appears the patient has been using Cyclobenzaprine consistently at least since 07/02/15. There is no documentation of efficacy in terms of reduction in pain and improvement in function. Additionally, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request IS NOT medically necessary.

Prilosec 20 MG Qty 30: 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 36-year-old patient complains of pain in neck, upper thoracic region, mid thoracic region, bilateral shoulders, left hip, and left pelvis; and left sacroiliac discomfort; rated at 3/7/10, as per progress report dated 09/09/15. The request is for PRILOSEC 20 MG Qty 30. The RFA for this case is dated 09/09/15, and the patient's date of injury is 05/26/15. Diagnoses, as per progress report dated 09/09/15, included cervical intervertebral disc disorder with myelopathy, lumbar disc herniation, and shoulder tendinitis. Medications included

Cyclobenzaprine, Naproxen and Prilosec. The patient is temporarily totally disabled, as per the same report. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section and Chronic Pain Medical Treatment Guidelines 2009 states, "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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, a prescription for Prilosec and Naproxen (NSAID) is first noted in progress report dated 07/02/15. It is not clear, if this was the first request for this combination or if the patient has used them in the past. Prophylactic use of PPI is indicated by MTUS. However, the treater has not provided GI risk assessment for the prophylactic use, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and there is no mention of peptic ulcers as well. Additionally, the patient is under 65 years of age and there is no indication of concurrent use of ASA, corticosteroids, and/or an anticoagulant. Given the lack of relevant documentation, the request IS NOT medically necessary.