

<b>Case Number:</b>	CM15-0203059		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	03/20/2007
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Internal 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:

This is a 33 year old female with a date of injury of March 20, 2007. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, lumbar sprain and strain, and sciatica. Medical records dated April 24, 2015 indicate that the injured worker complained of right knee pain, lumbar spine pain, right knee pain, right ankle pain, and right foot pain rated at a level of 2 out of 10 and 9 out of 10 at its worst, and numbness and tingling of the bilateral legs, bilateral ankles, bilateral feet, and bilateral hands. A progress note dated August 7, 2015 documented complaints of lumbar spine pain, neck pain, thoracic spine pain, bilateral shoulder pain, and bilateral arm pain. Per the treating physician (August 7, 2015), the employee was temporarily totally disabled. The physical exam dated April 24, 2015 reveals tenderness of the cervical spine bilaterally, decreased range of motion of the cervical spine, positive cervical compression, tenderness of the lumbar spine, tenderness of the bilateral sacroiliac joints, tenderness of the bilateral buttocks, tenderness of the bilateral legs, tenderness of the bilateral knees, and decreased range of motion of the lumbar spine. The progress note dated August 7, 2015 documented a physical examination that showed no changes since the examination performed on April 24, 2015. Treatment has included home exercise, massage, chiropractic treatments, magnetic resonance imaging of the lumbar spine (July 15, 2011) that showed a broad-based annular concentric disc bulge at L4-5 that is flattening and abutting the anterior left more than right portion of the thecal sac, with mild left more than right lateral spinal and neural foraminal stenosis, and medications (Cyclobenzaprine, Amitiza, and Prilosec since at least April of 2015). The original utilization review (October 7, 2015) non-certified a

request for magnetic resonance imaging of the cervical spine, magnetic resonance imaging of the lumbar spine, and prescriptions of Cyclobenzaprine 10mg #90, Amitiza 24mcg #60, and Prilosec 20mg #45.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI cervical spine, per 8/7/15 RFA: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MTUS recommends spine x rays in patients with neck pain only when there is evidence of red flags for serious spinal pathology. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. The medical necessity for additional imaging has not been established. The request for MRI cervical spine, per 8/7/15 RFA is not medically necessary.

**MRI lumbar spine, per 8/7/15 RFA: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MTUS recommends Lumbar spine x rays in patients with low back pain only when there is evidence of red flags for serious spinal pathology, even if the pain has persisted for at least six weeks. Imaging in patients who do not respond to treatment may be warranted if there are objective findings that identify specific nerve compromise on the neurologic examination and if surgery is being considered as an option. When the neurologic examination is less clear, however, further physiologic evidence of nerve dysfunction should be obtained before ordering an imaging study. Documentation fails to show objective clinical evidence of specific nerve compromise on the neurologic examination or acute exacerbation of the injured worker's symptoms. Additionally, there is lack of Physician report indicating that surgery is being considered. The request for MRI lumbar spine, per 8/7/15 RFA is not medically necessary per MTUS.

**Cyclobenzaprine 10mg, po tid for spasm, #90, per 8/7/15 RFA: 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): Muscle relaxants (for pain).

**Decision rationale:** MTUS states muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Furthermore, in most cases of low back pain, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Documentation shows that Cyclobenzaprine has been prescribed chronically and there is no indication of acute exacerbation of the injured worker's symptoms or clinical findings of muscle spasm to establish the medical necessity for ongoing use of Cyclobenzaprine. The request for Cyclobenzaprine 10mg, po tid for spasm, #90, per 8/7/15 RFA is not medically necessary per MTUS guidelines.

**Amitiza 24 mcg, po bid, #60, per 8/7/15 RFA: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/amitiza.html>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Medications, Lubiprostone (Amitiza).

**Decision rationale:** MTUS does not address this request. ODG recommends Amitiza only as a possible second-line treatment for opioid-induced constipation. Documentation at the time of the requested service under review fails to show that the injured worker has constipation or is being prescribed Opioids. The medical necessity for Amitiza has not been established. The request for Amitiza 24 mcg, po bid, #60, per 8/7/15 RFA is not medically necessary.

**Prilosec 20mg, po qam, #45, per 8/7/15 RFA: 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 rationale:** Proton Pump Inhibitors (PPIs) are used to treat gastrointestinal conditions such as Gastroesophageal reflux disease, Dyspepsia and Gastric ulcers, and to prevent ulcerations due to long term use of Non-steroidal anti-inflammatory drugs (NSAIDs). MTUS recommends the combination of NSAIDs and PPIs for patients at risk for gastrointestinal events, including age over 65 years of age, history of peptic ulcer, gastrointestinal bleeding, or perforation, concurrent use of ASA and high dose or multiple NSAIDs. Documentation does not support that the injured worker is at high risk of gastrointestinal events to establish the medical necessity of ongoing use of Prilosec. The request for Prilosec 20mg, po qam, #45, per 8/7/15 RFA is not medically necessary per guidelines.

