

<b>Case Number:</b>	CM15-0203467		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/23/2015
<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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 67 year old female, who sustained an industrial injury on 10-07-2009. The injured worker was diagnosed as having cervicalgia, lumbar-lumbosacral degenerative disc disease, brachial neuritis or radiculitis, not otherwise specified, lumbago, and unspecified myalgia and myositis. Treatment to date has included diagnostics, cervical epidural steroid injection, and medications. On 7-06-2015, the injured worker complains of "significant increased" neck pain with radiation to the bilateral upper extremities, with tightness, and continued low back pain with stiffness. Current pain was rated 4 out of 10, rating pain 5 of 10 with medication use and 9 of 10 without. She denied current employment. A review of symptoms was negative for gastrointestinal symptoms but was positive for anxiety and depression. Medication was documented as Gabapentin, Sentra PM, Theramine, Trepadone, and Percura. Physical exam of the neck noted pain with range of motion, tenderness over the cervical spinous processes and interspaces from C3-7, tenderness over the facet joints from C3-7 bilaterally, with positive provocation test, and positive muscle spasm. Upper extremity reflexes were diminished on the right, along with decreased sensation over the right forearm, and hand grip strength 3-4 of 5 on the right. Exam of the back noted tenderness to palpation, muscle spasms, decreased range of motion, and slightly diminished sensation over the left L4-S1 nerve root distributions. An in-office dispensing script form (7-06-2015) was noted to include Anaprox, Fexmid, Prilosec, and Neurontin. The treatment plan included medications, repeat cervical epidural injection, and physical therapy. The use of Fexmid and Prilosec was also referenced in the progress report dated 5-11-2015, at which time pain was rated 3 out of 10 with

medication and 9 without. On 9-23-2015 Utilization Review non-certified the request for Prilosec 20mg #30 and Fexmid 7.5mg #90 (retrospective for 7-06-2015).

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

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

#### **Retrospective: Prilosec (Omeprazole) 20mg #30 (DOS: 07/06/2015): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Edition, 2015, Chapter: Pain (Chronic), Proton pump inhibitors (PPIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The claimant sustained a work injury in October 2009 and continues to be treated for neck pain with radiating right upper extremity symptoms and low back pain radiating into both lower extremities. When seen in July 2015 she had pain with medications rated at 4/10. Physical examination findings included pain with cervical spine range of motion. There was cervical facet and spinous process tenderness with muscle spasms. There was trapezius muscle tenderness. Cervical facet testing was positive. There was decreased right upper extremity sensation and grip strength. There was lumbar facet tenderness. There was lumbar, sacroiliac joint, and sacral tenderness and spasms. There was decreased range of motion. There was slightly decreased left lower extremity sensation. Authorization for a repeat cervical epidural injection and for physical therapy was requested. Medications were prescribed including Anaprox-DS, gabapentin, Prilosec, and Fexmid. Guidelines recommend an assessment of gastrointestinal symptoms and cardiovascular risk when NSAIDs are used. In this case, the claimant continues to take Anaprox (naproxen) at the recommended dose and is over age 65. The prescribing of a proton pump inhibitor such as Prilosec (omeprazole) is medically necessary.

#### **Retrospective: Fexmid (Cyclobenzaprine) 7.5mg #90 (DOS: 07/06/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril).

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

**Decision rationale:** The claimant sustained a work injury in October 2009 and continues to be treated for neck pain with radiating right upper extremity symptoms and low back pain radiating into both lower extremities. When seen in July 2015 she had pain with medications rated at 4/10. Physical examination findings included pain with cervical spine range of motion. There was cervical facet and spinous process tenderness with muscle spasms. There was trapezius muscle tenderness. Cervical facet testing was positive. There was decreased right upper extremity

sensation and grip strength. There was lumbar facet tenderness. There was lumbar, sacroiliac joint, and sacral tenderness and spasms. There was decreased range of motion. There was slightly decreased left lower extremity sensation. Authorization for a repeat cervical epidural injection and for physical therapy was requested. Medications were prescribed including Anaprox-DS, gabapentin, Prilosec, and Fexmid. Fexmid (cyclobenzaprine) is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, there was no acute exacerbation and the quantity being prescribed is consistent with ongoing long term use. It appears ineffective as the claimant has ongoing muscle spasms. Continued prescribing is not considered medically necessary.