

<b>Case Number:</b>	CM15-0204907		
<b>Date Assigned:</b>	10/21/2015	<b>Date of Injury:</b>	05/28/2015
<b>Decision Date:</b>	12/07/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/19/2015

### 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: Arizona, Texas  
 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 53 year old man sustained an industrial injury on 5-28-2015. Treatment has included oral medications. Physician notes dated 5-29-2015 show complaints of persistent neck and left shoulder pain. The physical examination shows no acute distress and normal range of motion of the cervical spine with moderate pain and tightness. Tenderness is noted to the paracervical muscles, midline cervical spine muscles, left trapezius muscles, and periscapular muscles without spasm. Range of motion for the left shoulder is noted to be abduction 120 out of 160 degrees, flexion 140 out of 180 degrees, extension 30 out of 50 degrees, internal rotation 70 out of 90 degrees, external rotation 70 out of 90 degrees, posterior reach to T10, and the opposite side to T7 with moderate pain and tightness. Tenderness is noted to the bicipital groove-anterior aspect, supraspinatus, infraspinatus, and trapezius muscles. Recommendations include cold pack, Cyclobenzaprine, Norco, Biofreeze muscle gel, Sombra warm therapy gel, physical rehabilitation, and follow up in one week. Utilization Review denied requests for Cyclobenzaprine, LidoPro cream, and Omeprazole on 10-16-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Cyclobenzaprine 7.5mg #60 (DOS 9/24/15): 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): Muscle relaxants (for pain).

**Decision rationale:** According to the MTUS, Flexeril is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other agents is not recommended. In this case, the documentation supports that the patient has been using Flexeril for longer than the recommended amount of time. Continued use is not medically necessary.

**Retrospective Lidopro cream 121 gram (DOS 9/24/15): 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): Topical Analgesics.

**Decision rationale:** According to the MTUS section on chronic pain, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no peer-reviewed literature to support the use of any muscle relaxants or gabapentin topically. The MTUS states that if one portion of a compounded topical medication is not medically necessary then the medication is not medically necessary. In this case, the documentation does not support that the patient has failed treatment with first line analgesic medications. The continued use is not medically necessary.

**Retrospective Omeprazole 20mg #60 (DOS 9/24/15): 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 rationale:** There is no documentation that the patient has had any gastrointestinal symptoms from the use of NSAIDs, or that they have any risk factors for gastrointestinal events. According to the MTUS, the use of a proton pump inhibitor is appropriate when the injured worker is taking an NSAID and has high risk factors for adverse gastrointestinal events which include age >65, history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids or an anticoagulant of high dose NSAID. The patient does not have any symptoms that would suggest gastritis and there is no documentation that he has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, Omeprazole, is not medically necessary.