

<b>Case Number:</b>	CM15-0208358		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 71 year old female with a date of injury on 8-19-13. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder, left shoulder and left ankle pain. Progress report dated 4-28-15 reports continued complaints of bilateral shoulder and left ankle pain. The right shoulder pain is dull and aching rated 4 out of 10 without medications and 2 out of 10 with medications. The left shoulder pain is dull and aching rated 7 out of 10 without medications and 6 out of 10 with medications. The left ankle pain is rated 2 out of 10 without medications and 0 out of 10 with medications. She also has complaints of loss of sleep due to pain. Objective findings: bilateral shoulder range of motion is painful and both tender to palpation, left ankle is tender to palpation. According to the medical records the injured worker has been taking Naprosyn, Prilosec and Cyclobenzaprine since at least 3-31-15. Treatments include: medications, physical therapy, right shoulder surgery. Request for authorization dated 6-30-15 was made for Anaprox-Naprosyn 550 mg quantity 60 (DOS 6/30/15), Prilosec-Omeprazole 20 mg quantity 60 (DOS 6/30/15) and Cyclobenzaprine 7.5 mg take 1-2 tablet quantity 60 (DOS 6/30/15). Utilization review dated 9-24-15 non-certified the requests.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox/Naprosyn 550mg #60 (DOS 6/30/15): 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 (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 4/28/15. Therefore determination is NOT medically necessary.

**Prilosec/Omeprazole 20mg #60(DOS 6/30/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section / Proton pump inhibitors (PPIs).

**Decision rationale:** According to the Official Disability Guidelines, Pain section, regarding Proton pump inhibitors (PPIs), Recommended for patients at risk for gastrointestinal events. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. Nexium and Prilosec are very similar molecules. For many people, Prilosec is more affordable than Nexium. Nexium is not available in a generic (as is Prilosec). In this particular case there is insufficient evidence in the records from 4/28/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. Therefore the request for Prilosec is not medically necessary and NOT medically necessary.

**Cyclobenzaprine 7.5mg take 1-2 tablet #60 (DOS 6/30/15): 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:** According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine, pages 41-42 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. (Browning, 2001) Treatment should be brief. There is also a post-op use. The addition of cyclobenzaprine to other

agents is not recommended. CA MTUS Chronic Pain Medical Treatment Guidelines, pages 64-65, reports that muscle relaxants are recommended to decrease muscle spasm in condition such as low back pain although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. CA MTUS Chronic Pain Medical Treatment Guidelines, page 41 and 42, report that Cyclobenzaprine is recommended as an option, using a short course of therapy. See Medications for chronic pain for other preferred options. 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. (Browning, 2001) Treatment should be brief. This medication is not recommended to be used for longer than 2-3 weeks and is typically used postoperatively. The addition of cyclobenzaprine to other agents is not recommended. In this case there is no evidence of muscle spasms on review of the medical records from 4/28/15. There is no evidence of functional improvement, a quantitative assessment on how this medication helps percentage of relief lasts, increase in function, or increase in activity. Therefore chronic usage is not supported by the guidelines. There is no indication for the prolonged use of a muscle relaxant. Thus the recommendation is not medically necessary.