

Case Number:	CM15-0214835		
Date Assigned:	11/04/2015	Date of Injury:	09/29/2009
Decision Date:	12/15/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/02/2015

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, California

Certification(s)/Specialty: Family Practice

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 51-year-old male who sustained an industrial injury on 9-29-2009. A review of the medical records indicates that the injured worker is undergoing treatment for disc herniation C3-4 and C4-5, right neural foraminal narrowing, cervical radiculopathy, right shoulder, elbow and wrist arthralgia, chronic low back pain, lumbar radiculopathy, herniated nucleus pulposus (HNP) at L4-5 with stenosis, cervical myofascial pain, left sacroiliitis and thoracic spine pain.

According to the progress report dated 9-24-2015, the injured worker complained of persistent neck, bilateral shoulder, mid back, bilateral upper extremity, low back and bilateral knee pain. He reported being very fatigued with movement and minor activities. He rated his neck pain 7-8 out of 10 with radiation down both upper extremities and to the buttocks. He rated his bilateral knee pain 7-8 out of 10, which was decreased from 8-9 out of 10 on 8-28-2015. He reported that medications decreased his pain by 30-40% and he was able to do more activities such as household duties for a little while longer. Objective findings (9-24-2015) revealed an antalgic gait with a cane. Range of motion of the cervical spine, thoracic spine and lumbar spine was decreased in all planes. There was tenderness over the bilateral C3-4 and C4-5. There was tenderness and muscle spasm about the thoracic spine. There was tenderness over the bilateral sacroiliac joints. Treatment has included acupuncture, chiropractic treatment, sacroiliac joint injections, cervical trigger point injections, cervical epidural injection, transcutaneous electrical nerve stimulation (TENS) and medications. Current medications (9-24-2015) included Tramadol ER, Flexeril, Prilosec (all since at least 4-2015), Ultram IR (since at least 6-2015), Prozac and Flexeril cream. Norco and Norflex were discontinued previously. The request for authorization was dated 9-24-2015. The original Utilization Review (UR) (10-19-2015) denied requests for Cyclobenzaprine cream and Omeprazole. UR modified requests for Cyclobenzaprine to #60 with one refill and Tramadol with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Flexeril for several months and previously on Norflex (other muscle relaxers) in combination with opioids. Continued and chronic use of Flexeril (Cyclobenzaprine) is not medically necessary.

Omeprazole 20 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 116.

Decision rationale: According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, the claimant was on Omeprazole for medication-induced gastritis. There was no mention of altering medications to reduce symptoms. Long-term use of PPIs is not indicated. Continued use of Omeprazole is not medically necessary.

Cyclobenzaprine CM2 5% #1 cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical

muscle relaxants such as Cyclobenzaprine are not recommended due to lack of evidence. The claimant was on oral Cyclobenzaprine as well prior use of other muscle relaxants. Multiple forms of relaxers used chronically is not indicated. Since the compound above contains these topical medications, the compound in question is not medically necessary.