

<b>Case Number:</b>	CM15-0222732		
<b>Date Assigned:</b>	11/18/2015	<b>Date of Injury:</b>	10/07/2009
<b>Decision Date:</b>	12/30/2015	<b>UR Denial Date:</b>	10/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2015

### 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:

The injured worker is a 67-year-old female, who sustained an industrial injury on 10-7-2009. Medical records indicate the worker is undergoing treatment for cervicgia. A recent progress report dated 9-8-2015, reported the injured worker complained of neck pain that radiates to the right shoulder and down her right upper extremity, rated 3 out of 10. Pain is noted "with medications as 5 out of 10 and without medications as 4 out of 10". The injured worker denied abdominal pain, indigestion, heartburn and nausea vomiting. Physical examination revealed cervical facet joint tenderness and tenderness to palpation at the paracervical and trapezius with muscle spasm. Treatment to date has included lumbar facet injections, chiropractic care, massage therapy, physical therapy, Anaprox, Prilosec and Fexmid. The physician is requesting Anaprox DS 550mg #60, Prilosec 20mg #30 and Fexmid 7.5mg #90. On 10-15-2015, the Utilization Review noncertified the request for Anaprox DS 550mg #60, Prilosec 20mg #30 and Fexmid 7.5mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS (Naproxen Sodium) 550mg quantity 60: 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), NSAIDs, specific drug list & adverse effects.

**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 9/8/15. CA MTUS guidelines do not recommend long-term use of this medication. Therefore prescription is not medically necessary and the determination is non-certification.

**Prilosec (Omeprazole Sodium) 20mg quantity 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**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, regarding Proton pump inhibitors (PPIs).

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guidelines, (NSAIDs, GI symptoms & cardiovascular risk), page 68, recommendation for Prilosec is for patients with risk factors for gastrointestinal events. Proton pump inhibitors may be indicated if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e. g., NSAID + low-dose ASA). Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. 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 9/8/15 that the patient has gastrointestinal symptoms or at risk for gastrointestinal events. The injured worker denied abdominal pain, indigestion, heartburn and nausea-vomiting. Therefore the request for Prilosec is not medically necessary and non-certified.

**Fexmid (Cyclobenzaprine) 7.5mg quantity 90: 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).

**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 9/8/15. 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. Per CA MTUS guidelines, there is no indication for the prolonged use of a muscle relaxant. Thus, the prescription is not medically necessary and the recommendation is for non-certification.