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| <b>Case Number:</b>   | CM15-0041060 |                              |            |
| <b>Date Assigned:</b> | 03/26/2015   | <b>Date of Injury:</b>       | 03/24/2014 |
| <b>Decision Date:</b> | 05/01/2015   | <b>UR Denial Date:</b>       | 02/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/04/2015 |

### 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:

The injured worker is a 44 year old male, who sustained an industrial injury on 03/24/2014. He reported carrying a granite countertop that weighed approximately 250 pounds down stairs with another coworker when he noted a sharp pulling pain to the right arm and shoulder that radiated to the neck, upper back, and clavicle area along with the associated symptom of weakness to the right arm. The injured worker was diagnosed as having cervical thoracic strain/arthrosis/discopathy with central and foraminal stenosis, significant intrinsic pathology in the upper extremities, and psychiatric complaints. Treatment to date has included chiropractic therapy, medication regimen, and magnetic resonance imaging of the cervical spine, electromyogram with nerve conduction velocity of the upper extremity, physical therapy, home exercise program, and epidural steroid injections to the cervical spine. In a progress note dated 01/29/2015 the treating provider reports complaints of an increase in pain with tightness to the cervical spine and radicular symptoms bilaterally in the upper extremities with the right greater than the left along with tenderness on palpation to the cervical spine bilaterally, positive bilateral Spurling's test, positive foraminal compression test in the right cervical spine and negative in the left. The treating physician requested the medications of Cyclobenzaprine, Omeprazole, and EnoRx Cyclobenzaprine cream, but the documentation provided did not indicate the reason for the requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10 mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**Decision rationale:** 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 patient has used Cyclobenzaprine longer than the recommended amount of time. Therefore, this request is not medically necessary.

**Omeprazole 20 mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68 and 69.

**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 she has any risk factors for adverse gastrointestinal events. The use of a proton pump inhibitor, Omeprazole is not medically necessary.

**EnovaRX Cyclobenzaprine 2% cream 60 gm with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**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. Topical Cyclobenzaprine is not medically necessary.