

Case Number:	CM15-0049653		
Date Assigned:	03/23/2015	Date of Injury:	12/27/2011
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas, 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 63 year old female sustained an industrial injury to the low back, on 12/27/11. The injured worker subsequently developed ongoing pain to bilateral upper extremities and right knee as well as headaches. Previous treatment included electromyography, magnetic resonance imaging, physical therapy, pool therapy and medications. In a PR-2 dated 2/3/15, the injured worker complained of pain to bilateral knees, low back, bilateral shoulders, cervical spine rated 6-8/10 on the visual analog scale and associated with headaches. Physical examination of the lumbar spine revealed muscle spasm, tenderness on palpation, limited range of motion and positive SLR, 4/5 strength and numbness and tingling in foot. Physical examination of the cervical spine revealed muscle spasm, tenderness on palpation, limited range of motion and positive spurling and axial loading compression test, 4/5 strength and numbness and tingling in forearm and hand. A detailed recent physical examination of the gastrointestinal tract was not specified in the records provided. Current diagnoses included lumbago, cervical spine disc displacement and internal derangement knee. The treatment plan included refilling medications (Nalfon, Omeprazole, Zofran, Cyclobenzaprine, Tramadol, Lunesta, Tylenol #3, Sumatriptan Succinate, Cymbalta, Norco, Levofloxacin and Menthoderm Gel), electromyography/nerve conduction velocity test bilateral upper extremities, magnetic resonance imaging cervical spine, magnetic resonance imaging, magnetic resonance imaging bilateral shoulders and considering right knee and right thumb injection. The medication list includes Nalfon, Omeprazole, Zofran, Cyclobenzaprine, Tramadol, Lunesta, Tylenol #3, Sumatriptan Succinate, Cymbalta, Norco,

Levofloxacin and Mentherm Gel. The patient's surgical histories include gall bladder removal and surgery for ectopic pregnancy. The past medical history includes fracture of left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Omeprazole 20mg QTY: 120, one PO 12H PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, pages 68-69.

Decision rationale: Request: Omeprazole 20mg QTY: 120, one PO 12H PRN. Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events; Patients at high risk for gastrointestinal events; Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when; " (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDs is not specified in the records provided. A detailed recent physical examination of the gastrointestinal tract was not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Omeprazole 20mg QTY: 120, one PO 12H PRN is not fully established in this patient. Therefore, the request is not medically necessary.

Cyclobenzaprine hydrochloride tablets 7.5mg, QTY: 120, one PO Q8H/PRN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): s 41-42.

Decision rationale: Cyclobenzaprine hydrochloride tablets 7.5mg, QTY: 120, one PO Q8H/PRN. According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In addition for the use of skeletal muscle relaxant CA MTUS guidelines cited below, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients." The injured worker subsequently developed ongoing pain to bilateral upper extremities and right knee as well as headaches. In a PR-2 dated 2/3/15, the injured worker complained of pain to bilateral knees, low back, bilateral shoulders, cervical spine rated 6-8/10 on the visual analog scale and associated

with headaches. Physical examination of the lumbar spine revealed muscle spasm, tenderness on palpation, limited range of motion and positive SLR, 4/5 strength and numbness and tingling in foot. Physical examination of the cervical spine revealed muscle spasm, tenderness on palpation, limited range of motion and positive Spurling and axial loading compression test, 4/5 strength and numbness and tingling in forearm and hand. Current diagnoses included lumbago, cervical spine disc displacement and internal derangement knee. The patient has evidence of muscle spasms on objective examination. The pt also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore the request for Cyclobenzaprine hydrochloride tablets 7.5mg, QTY: 120, one PO Q8H/PRN is medically necessary and appropriate for prn use during exacerbations.

Sumatriptan succinate 25mg, QTY: 9 times two, take one at onset of headache and repeat two hours later if needed, no more than 4 per day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptan.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter : Head (updated 01/21/15) Triptans and Other Medical Treatment Guidelines Thompson Micromedex-FDA Labeled indications; Drug- Imitrex Migraine, acute, With or without aura.

Decision rationale: Sumatriptan succinate is used to treat migraine headaches in adults, with or without aura. MTUS guideline does not specifically address this issue. Hence ODG and Thompson Micromedex used. A Thompson Micromedex-FDA Labeled indication of drug- Sumatriptan includes Migraine, acute, With or without aura. The dose, duration and response to other medications for acute migraine (NSAIDS) are not specified in the records provided. A detailed neurological examination is not specified in the records provided. Any imaging study for the headache is not specified in the records provided. Sumatriptan is typically used for treatment of an acute episode of migraine and is not recommended for daily use. The medical necessity of the request for Sumatriptan succinate 25mg, QTY: 9 times two, take one at onset of headache and repeat two hours later, as prescribed, is not fully established in this patient. Therefore the request is not medically necessary.