

<b>Case Number:</b>	CM15-0054962		
<b>Date Assigned:</b>	03/30/2015	<b>Date of Injury:</b>	06/03/2014
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	03/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/23/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 47 year old male, who sustained an industrial injury on 6/3/14. He reported left shoulder pain. The injured worker was diagnosed as having left shoulder greater tuberosity fracture, lumbar spondylosis without myelopathy, lumbago, cervicgia, rotator cuff impingement syndrome and muscle spasms. Treatment to date has included physical therapy, chiropractic treatment, and cortisone injection to left shoulder, ibuprofen, opioids and Naproxen. (EMG) Electromyogram/(NCV) Nerve Condition Velocity studies were performed on bilateral upper extremities on 10/20/14 and (MRI) magnetic resonance imaging of lumbar spine was performed on 1/22/15. Currently, the injured worker complains of neck, back and left shoulder pain, unchanged since previous visit. Upon physical exam dated 2/20/15, tenderness is noted to palpation along upper, middle and lower cervical paraspinal muscles bilaterally with muscle spasms palpable in bilateral upper, middle and lower cervical paraspinal muscles, tenderness is noted to palpation along lower lumbar paraspinal muscles bilaterally, muscle spasms palpable in bilateral lower lumbar paraspinal muscles and full range of lumbar motion is noted; there is tenderness to palpation noted along the acromioclavicular joint of left shoulder also. The treatment plan included a re-request for authorization for facet joint injections, request for chiropractic treatments and refills on naproxen, Flexeril and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** This request involves the appropriateness of proton pump inhibitors. The Chronic Pain Medical Treatment Guidelines on page 68-69 states the following regarding the usage of proton pump inhibitors (PPI): "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine 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)." In the case of this injured worker, there is no documentation of any of the risk factors above including age, history of multiple NSAID use, history of gastrointestinal ulcer or bleeding, or use of concomitant anticoagulants or corticosteroids. Furthermore, there does not appear to be adequate documentation of the rationale for why PPI's are necessary in this case, or any additional gastrointestinal work-up performed by a specialist to support this request. Given this, this request is not medically necessary.

**Cyclobenzaprine 7.5mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**Decision rationale:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy no longer than 3 weeks. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. The patient was noted to have been prescribed this medication in September 2014 with continuation until the present time, which is in excess of short-term recommendations. Given this, the currently requested cyclobenzaprine is not medically necessary.

**1 Bilateral L4-S1 Facet Joint Injection x 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 309.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 300, 309.

**Decision rationale:** ACOEM Medical Practice Guidelines, 2nd edition, 2004 specifies that facet-joint injections are "Not recommended" in Table 12-8 on page 309 based upon "limited research-based evidence (at least one adequate scientific study of patients with low back pain)." Additionally, page 300 of ACOEM Chapter 12 contains the following excerpt regarding injections: "Invasive techniques (e.g., local injections and facet-joint injections of cortisone and lidocaine) are of questionable merit. Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery. Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain." The guidelines found in the California Medical Treatment and Utilization Schedule and ACOEM supersede other guidelines in the Independent Medical Review process. In the case of this injured worker, there is no documentation that the worker is at the transitional phase between acute and chronic pain as this is a long-standing issue since 6/2014. Chronic pain is usually defined as pain lasting more than 3 months, which is already applicable in this case. Given the guidelines, the request for facet injection is not medically necessary.