

<b>Case Number:</b>	CM15-0080007		
<b>Date Assigned:</b>	05/01/2015	<b>Date of Injury:</b>	01/01/2000
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	03/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/27/2015

### 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: 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:

The injured worker is a 51-year-old female, who sustained an industrial injury on 1/01/2000. The mechanism of injury was continuous trauma. The injured worker was diagnosed as having cervicgia. Treatment to date has included diagnostics, cervical spinal surgery (undated), and medications. Currently (most recent progress report 1/23/2015), the injured worker complains of cervical spine pain with radiation to the upper extremities, and associated with headaches (rated 4/10 and unchanged), right shoulder pain (worsening and rated 8/10), left elbow pain with associated numbness and tingling (rated 7/10 and unchanged), and bilateral wrist pain (rated 7/10 and unchanged). Current medication use was not described. The treatment plan included Fenoprofen calcium, Cyclobenzaprine, Tramadol ER, and Eszopiclone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen Calcium (Nalfon 400mg), #120: 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), Pain (Chronic), NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Fenoprofen page(s): 21-22, 71. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of Fenoprofen. As noted in ODG, all NSAIDs have [U.S. Boxed Warning]: for associated risk of adverse cardiovascular events, including, MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs should never be used right before or after a heart surgery (CABG - coronary artery bypass graft). NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment (FDA Medication Guide). The request for Fenoprofen Calcium (Nalfon 400mg), #120 is not medically necessary and appropriate.

**Omeprazole 10mg, #120:** 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 page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

**Decision rationale:** According to the MTUS guidelines, proton pump inhibitors may be indicated for the following cases: (1) age greater than 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 this case, the patient is noted to be a 51-year-old female and there is no indication of history of peptic ulcer, G.I. bleeding or perforation. Additionally, it should be noted that per guidelines long-term use of proton pump inhibitors leads to an increased risk of hip fractures. Recent research noted in ODG cautions regarding long term proton pump inhibitor use. As noted in ODG, decisions to use PPIs long- term must be weighed against the risks. The potential adverse effects of long-term PPI use include B12 deficiency; iron deficiency; hypomagnesemia; increased susceptibility to pneumonia, enteric infections, and fractures; hypergastrinemia and cancer; and more recently adverse cardiovascular effects. The request for Omeprazole 10mg, #120 is not medically necessary and appropriate.

**Cyclobenzaprine Hydrochloride tablets 7.5mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine page(s): 63-66, 41.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. References state that Cyclobenzaprine 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. The guidelines also state that muscle relaxants are recommended for with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state that efficacy of muscle relaxers appears to diminish over time, and prolonged use of some medications may lead to dependence. Chronic use of muscle relaxants is not supported and as such, the request for Cyclobenzaprine Hydrochloride tablets 7.5mg, #120 is not medically necessary and appropriate.

**Tramadol ER 150mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids page(s): 74-96.

**Decision rationale:** As noted in the MTUS guidelines, opioids are considered a second-line treatment for several reasons: (1) head-to-head comparisons have found that opioids produce more side effects than TCAs and gabapentin; (2) long-term safety has not been systematically studied; (3) long-term use may result in immunological and endocrine problems (including hypogonadism); (4) treatment may be associated with hyperalgesia; & (5) opioid use is associated with misuse/abuse. In addition, the MTUS guidelines state that opioids may be continued if there has been improvement in pain and function. In this case, the medical records do not establish significant subjective or objective functional benefit from the ongoing use of opioids. The medical records do not establish exhaustion of first line non-opioid analgesic adjuvants. The request for Tramadol ER 150mg, #90 is not medically necessary and appropriate.