

<b>Case Number:</b>	CM14-0146168		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 57-year-old male who reported a work related injury on 07/02/2012. The mechanism of injury was not provided for review. The injured worker's diagnoses consist of lumbosacral/joint/ligament sprain/strain, internal derangement of the right knee, right rotator cuff tear, and closed dislocation of the left ankle. The injured worker's past treatment includes medication, a TENS unit, and surgical intervention. The injured worker's surgical history includes a rotator cuff repair in 07/2013. Upon examination, the injured worker complained of constant low back pain which he rated as 6/10. The pain from his back was noted to radiate to his right lower extremities with throbbing to the right knee. The injured worker also complained of pain to his right shoulder which he described as constant and sharp. The pain from his shoulder occasionally radiates to his right biceps with sharp pain. In addition, he complained for right knee pain which he rated as 8/10. The pain at his knee is located at the back of the knee which he describes as constant pressure. The injured worker had difficulty falling asleep due to pain, but it was stated that cyclobenzaprine helped a little. The injured worker's medications include Norco, naproxen, cyclobenzaprine, omeprazole and LidoPro cream. The treatment plan consisted of refilling medications, TENS patches, await report for consult for the right shoulder and right knee, await authorization for the consult for the left ankle, and authorization from a third party for a right knee brace. The rationale for the request and the request for authorization form was not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Cyclobenzaprine 7.5 mg per tablet, 1 tablet PO QHS, quantity: 60 (DOS not specified): Upheld**

**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): 41.

**Decision rationale:** The request for cyclobenzaprine is not medically necessary. The California MTUS Guidelines recommend cyclobenzaprine as an option, using a short course of therapy. In regards to the injured worker, within the documentation there was no mention of objective muscle spasms occurring to support the need for the cyclobenzaprine. Additionally, the injured worker has been prescribed cyclobenzaprine for several months. However, the long term use of opioids and muscle relaxers is not supported within the guidelines. As such, the request for cyclobenzaprine is not medically necessary.

**Retrospective request for Omeprazole 20mg per tablet, quantity: 60 (DOS not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Proton Pump Inhibitors (PPIs). Decision based on Non-MTUS Citation ODG Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The request for omeprazole is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors may be recommended for injured workers who are taking NSAIDs and are at increased risk for gastrointestinal complications or for those with complaints of dyspepsia related to NSAID use. Within the documentation provided for review, the injured worker was noted to be taking an NSAID, but there is no mention of ongoing gastrointestinal complaints or significant risk factors for gastrointestinal events. There was a lack of documentation of ongoing gastrointestinal complaints with nonsteroidal anti-inflammatory drug use to support the use of omeprazole. Additionally, the frequency was not noted with the request. Based on the above, the request is not medically necessary.

**Retrospective request for Naproxen 550mg per tablet, 1 tablet PO BID, quantity: 60 (DOS not specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

**Decision rationale:** The request for naproxen is not medically necessary. The California MTUS Guidelines state nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. However, the injured worker has been prescribed naproxen for several months. Additionally, the guidelines indicate documentation of increase in objective functional improvements is needed to support the continuation of pain medication. As such, the request for naproxen is not medically necessary.

**Norco 10-325 mg per tablet, 1 tablet PO TID, quantity: 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The request for Norco is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Upon a pain assessment, current pain, the last reported pain over the period since last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts should be included. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Four domains have been proposed as most important in monitoring chronic pain patients on opioids which includes; pain relief, side effects, aberrant (or nonadherent) drug-related behaviors, and physical monitoring of these outcomes over time should affect therapeutic decisions and provide an outline for documentation of the clinical use of the controlled drugs. In regards to the injured worker, he rated his highest level of pain as 8/10 on a VAS pain scale. There is no clear documentation as to functional benefits from chronic use of Norco if the injured worker is still rating pain as high as 8/10. The documentation does not provide clinical information that contains evidence of significant measurable subjective information and functional improvement as a result of continued opioid use. Additionally, there was a lack of documentation indicating that the injured worker has increased ability to continue activities of daily living with the use of morphine, and there was a lack of documentation indicating the adverse effects of medication and risk assessment of the injured worker for drug related behaviors has been addressed. Therefore, the request for Norco cannot be warranted. As such, the request for Norco is not medically necessary.