

<b>Case Number:</b>	CM14-0160045		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	10/31/2014	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 25-year-old female who reported an injury on 11/13/2012 due to her hand getting caught in a turkey processing machinery. The injured worker's diagnoses consist of a hand crush injury, open fractures of the ring finger metacarpal, small finger metacarpal, and proximal phalanx base of the small finger. Past treatment has included physical therapy, antibiotic treatment, and pain medication. Diagnostic studies include x-rays of her left hand, specifics of the x-rays were not provided for review. The injured worker's surgical history includes hand surgery performed on 11/13/2012. On examination on 08/19/2014, the injured worker stated she had no difficulty with heartburn, nausea, or vomiting. The injured worker stated she had severe pain in her left hand, which had been resolving. She has a significant scar over the left arm and occasionally the pain with rise up to the level of 4 or 5 out of 10. It was noted that the injured worker presented in no acute distress. It was also noted that the injured worker had decreased pain and touch sensation over the tissue and into her 4th and 5th digits of her left hand, but she still was noted to have full range of motion of the hand. The injured worker's prescribed medications include ibuprofen. The treatment plan consisted of Cyclobenzaprine, Naproxen, and Omeprazole. The rationale for the request was to protect her stomach. A 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:

**Cyclobenzaprine HCL 7.5mg #60 Qty: 1.00: 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 Cyclobenzaprine Page(s): 64.

**Decision rationale:** The California MTUS states cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine was noted more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects, the greatest in the first 4 days of treatment, suggesting that shorter courses may be better. In regards to the injured worker, there is no evidence of recurrence of myospasms on acute or chronic basis. Additionally, the guidelines do not support ongoing use of muscle relaxants because of loss of efficacy with potentially severe effects, particularly sedation. As such, the request is not medically necessary.

**Naproxen Sodium 550mg #60 Qty: 1.00:** 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The California MTUS recommends nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. NSAIDs should be for the treatment of acute exacerbations of chronic pain as a second line after use of acetaminophen. Within the documentation provided for review, the injured worker is not noted to have any acute exacerbations of pain, acute breakthrough pain, or acute pain. As such, the request is not medically necessary.

**Omeprazole 20mg #60 Qty: 1.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

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

**Decision rationale:** 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 episodes or for those with complaints of dyspepsia related to NSAIDs. Within the documentation provided for review, the injured worker was noted to be taking naproxen, however, there is no mention of ongoing gastrointestinal complaints or significant risk factors for gastrointestinal events. There is a lack of documentation of ongoing gastrointestinal complaints

with nonsteroidal anti-inflammatory drug use to support the use of omeprazole. As such, the request is not medically necessary.