MAXIMUS Federal Services

Case Number:	CM14-0165793		
Date Assigned:	10/10/2014	Date of Injury:	08/04/2008
Decision Date:	11/12/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/08/2014

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 Internal Medicine, and is licensed to practice in California. 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 64 year-old man. The date of injury is August 4, 2008. He was involved in an accident in the course of his work, as a construction worker. Specifically, he indicated that he slipped and fell, impacting the right hip and shoulder. Pursuant to a note dated September 4, 2014, the diagnoses include: fracture, right pelvis; right shoulder joint derangement, right knee tendinopathy, myofascial pain, s/p right shoulder surgery (2008), right sided cervical radiculopathy. He also had a right hip intramedullary rodding on August 5, 2008. Postoperatively, a course of physical therapy and medications were initiated. The Injured Worker complains of persistent pain in the right hip and lateral thigh, as well as the right neck, upper back, and right shoulder. The right neck pain radiates into the upper back and whole upper arm. Examination reveals tenderness and spasms. X-rays of the cervical spine reveals mild generalized degenerative changes without evidence of any major problem.The provider recommends a cervical and lumbar spine MRI and medications including Cyclobenzaprine 7.5mg, Omeprazole 20mg, and Ibuprofen 800mg. Current medications from a progress note dated March21, 2014 include: Ibuprofen 800mg prn, Tramadol 50mg 1 to 2 times a day prn, Cyclobenzaprine 7.5mg at bedtime and as needed, Omeprazole 20mg 1 to 2 times a day, Menthoderm gel, HEP and TENS unit are being used for pain control. A nerve conduction study of the motor and sensory nerves of the bilateral upper extremities was performed on March 28, 2014. The study showed electrodiagnostic evidence that would be most consistent with a right-sided C6 cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg, qty: 60: Upheld

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

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

Decision rationale: Pursuant to the California MTUS, chronic Pain Medical Treatment Guidelines and The Official Disability Guidelines, Cyclobenzaprine (Flexeril) is not medically necessary. The guidelines recommended using a short course of therapy. The drug effect is modest, however it comes at the price of a greater number of adverse effects. The drug effect is greatest in the first four days, suggesting shorter courses of therapy on better. The addition of cyclobenzaprine to other agents is not recommended. The guidelines overall recommend non-sedating muscle relaxes with caution as a second line option for short-term therapy of acute low back pain and short-term (less than two weeks) treatment of acute exacerbations in patients with chronic low back pain. In this case, the report indicates the injured worker had complaints of persistent pain in the right hip and lateral thigh as well as persistent pain in the neck, upper back and right shoulder. There is no clinical evidence in the medical record as to objective functional benefit with prolonged cyclobenzaprine use. A medication review the progress note dated March 21, 2014 indicates the patient was taking Cyclobenzaprine. Additionally, the California MTUS and the official disability guidelines do not support long-term use of cyclobenzaprine. Based on clinical information in the medical record and the peer review, evidence-based guidelines Cyclobenzaprine 7.5 mg is not medically necessary.

Omeprazole 20mg, qty: 60: 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 Non-steroidal Anti-inflammatory drugs Page(s): 67-68.

Decision rationale: Pursuant to the California MTUS, Chronic Pain Medical Treatment Guidelines, Omeprazole 20 mg #65 is not medically necessary. Clinicians should weigh the indications for non-steroidal anti-inflammatories against gastrointestinal and cardiovascular risk factors. One needs to determine if the patient is at risk for gastrointestinal event. Risk factors supporting the use of Omeprazole include age greater than 65 years; history of peptic ulcer; G.I. bleeding or perforation; concurrent use of aspirin for steroids and/or anticoagulants; or high dose/multiple nonsteroidal anti-inflammatory medications. Patients at intermediate risk for gastrointestinal events may take/require a proton pump inhibitor such as omeprazole or Misoprostol. In this case, the documentation does not reflect a prior history of G.I. complaints such as bleeding, peptic ulcers disease, high-dose anti-inflammatory use or any other risk factor that warranted omeprazole use. There do not appear to be risk factors or risk factor discussions in the documentation that indicate Omeprazole is warranted. A medication review the progress

note dated March 21, 2014 indicates the patient was taking Omeprazole. Based on the clinical information in the medical record and the peer review evidence-based guidelines, Omeprazole 20 mg #60 is not medically necessary.

Ibuprofen 800mg, qty: 100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67.

Decision rationale: Pursuant to the California MTUS, Chronic Pain Medical Treatment Guidelines Ibuprofen 800 mg #100 is not medically necessary. The guidelines state nonsteroidal anti-inflammatories are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. Nonsteroidal anti-inflammatory drugs are superior to acetaminophen particularly in patients with moderate to severe pain. The main concern regarding nonsteroidal anti-inflammatory drugs are potential adverse side effects involving the gastrointestinal tract (G.I. bleeding, gastritis). In this case, the injured worker complains of persistent pain in the right hip and lateral thigh, neck, upper back and right shoulder. Medical documentation indicates there has been no objective or functional improvement with the use of Ibuprofen today. A medication review the progress note dated March 21, 2014 indicates the patient was taking ibuprofen. Based on clinical information in the medical record in the peer-reviewed, evidence-based guidelines Ibuprofen is not medically necessary.