

<b>Case Number:</b>	CM14-0168812		
<b>Date Assigned:</b>	10/16/2014	<b>Date of Injury:</b>	04/18/2012
<b>Decision Date:</b>	11/18/2014	<b>UR Denial Date:</b>	10/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2014

### 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 Preventive 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:

According to the records made available for review, this is a 42-year-old male with a 4/16/12 date of injury. At the time (10/1/14) of request for authorization for Ibuprofen 800mg, Cyclobenzaprine 7.5mg, and Omeprazole 20mg, there is documentation of subjective (right knee with weakness and back pain with numbness over bilateral hips) and objective (limited lumbar range of motion, tenderness over right trapezius as well as lumbar spine, decreased sensation over lower extremity) findings, current diagnoses (knee sprain/strain, lumbosacral sprain/strain, and derangement of right knee), and treatment to date (medications, including ongoing treatment with Norco, Ibuprofen, Naproxen, Cyclobenzaprine, Omeprazole, and Methoderm gel). Medical report identifies that Cyclobenzaprine is helpful for pain control and no gastrointestinal (GI) side effects from medication. Regarding Ibuprofen 800mg, there is no documentation of functional benefit or improvement, such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Ibuprofen use to date. Regarding Cyclobenzaprine 7.5mg, there is no documentation of acute exacerbation of chronic low back pain; the intention for short-term (less than two weeks) treatment; and functional benefit or improvement such as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Regarding Omeprazole 20mg, there is no documentation of gastrointestinal event (high dose/multiple NSAID).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg Quantity: 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 72.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of knee sprain/strain, lumbosacral sprain/strain, and derangement of right knee. In addition, there is documentation of ongoing treatment with Ibuprofen and pain. However, despite documentation of ongoing treatment with Ibuprofen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Ibuprofen use to date. Therefore, based on guidelines and a review of the evidence, the request for Ibuprofen 800mg #100 is not medically necessary.

**Cyclobenzaprine 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identify that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of knee sprain/strain, lumbosacral sprain/strain, and derangement of right knee. In addition, there is documentation of ongoing treatment with Cyclobenzaprine; and Cyclobenzaprine used as a second line option. However, despite documentation of pain, there is no (clear) documentation of acute muscle spasm or acute exacerbation of chronic low back pain. In addition, given documentation of records reflecting prescriptions for Cyclobenzaprine since at least 4/16/14, there is no documentation of the intention for short-term (less than two weeks) treatment.

Furthermore, despite documentation that Cyclobenzaprine is helpful for pain control, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg is not medically necessary.

**Omeprazole 20mg Quantity: 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Omeprazole. Within the medical information available for review, there is documentation of diagnoses of knee sprain/strain, lumbosacral sprain/strain, and derangement of right knee. In addition, there is documentation of ongoing treatment with Omeprazole. However, despite documentation of ongoing treatment with NSAID and given documentation of no gastrointestinal side effects from medication, there is no documentation of gastrointestinal event (high dose/multiple NSAID). Therefore, based on guidelines and a review of the evidence, the request for Omeprazole 20mg Quantity: 60 is not medically necessary.