

<b>Case Number:</b>	CM14-0177080		
<b>Date Assigned:</b>	10/30/2014	<b>Date of Injury:</b>	07/12/2011
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 51-year-old female with a 7/12/11 date of injury. At the time (9/2/14) of request for authorization for 1 Prescription for naproxen 550mg #90, 1 Prescription for cyclobenzaprine 7.5mg #90, 1 Prescription for pantoprazole 20mg #90, and 1 Prescription for urine toxicology screen, there is documentation of subjective (left knee and ankle pain) and objective (positive patellofemoral crepitus, tenderness over medial and lateral knee joint lines, and decreased left ankle range of motion) findings, current diagnoses (right hip sacroiliac dysfunction, status post left knee arthroscopy, and left knee posttraumatic degenerative joint disease), and treatment to date (medications (including ongoing treatment with Naproxen, Cyclobenzaprine, and Pantoprazole)). Medical report identifies that NSAID help decrease pain, improve range of motion, and adhere to exercise programs; Cyclobenzaprine decrease refractory spasms, improves range of motion, and increase tolerance to exercise/activity level; examples of maintenance of activities of daily living with medication discussed includes light cleaning duties, light household duties like laundry, shopping for necessities, and cooking; history of GI upset with NSAID; and a request for urine toxicology due to patient's history of poor response to opioids. Regarding 1 Prescription for cyclobenzaprine 7.5mg #90, there is no documentation of acute exacerbations of chronic low back pain; and intention for short-term (less than two weeks) treatment. Regarding 1 Prescription for pantoprazole 20mg #90, there is no documentation that Pantoprazole is being used as a second-line. Regarding 1 Prescription for urine toxicology screen, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxyn 550mg #90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**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 service. Within the medical information available for review, there is documentation of diagnoses of right hip sacroiliac dysfunction, status post left knee arthroscopy, and left knee posttraumatic degenerative joint disease. In addition, there is documentation of pain; and ongoing treatment with Naproxen. Furthermore, given documentation that NSAID help decrease pain, improve range of motion, adhere to exercise programs, and examples of maintenance of activities of daily living includes light cleaning duties, light household duties like laundry, shopping for necessities, and cooking, there is documentation of functional benefit, and an increase in activity tolerance as a result of Naproxen use to date. Therefore, based on the guidelines and review of the evidence, the request for Naproxen 550mg #90 is medically necessary.

**Cyclobenzaprine 7.5mg #90: 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 (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies 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 right hip

sacroiliac dysfunction, status post left knee arthroscopy, and left knee posttraumatic degenerative joint disease. In addition, there is documentation of ongoing treatment with Cyclobenzaprine; and Cyclobenzaprine used as a second line option. Furthermore, given documentation that Cyclobenzaprine decrease refractory spasms, improves range of motion, increase tolerance to exercise/activity level, and examples of maintenance of activities of daily living includes light cleaning duties, light household duties like laundry, shopping for necessities, and cooking, there is documentation of functional benefit, and an increase in activity tolerance as a result of Cyclobenzaprine use to date. However, despite documentation of muscle spasm, and given documentation of a 7/12/11 date of injury, there is no (clear) documentation of acute muscle spasm, or acute exacerbations of chronic low back pain. In addition, given documentation of request for cyclobenzaprine #90, there is no (clear) documentation of intention for short-term (less than two weeks) treatment. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

**Pantoprazole 20mg #90:** Upheld

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

**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 (ODG) Pain (Chronic), Proton pump inhibitors (PPIs) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**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, and that Pantoprazole is being used as a second-line, as criteria necessary to support the medical necessity of Pantoprazole. Within the medical information available for review, there is documentation of diagnoses of right hip sacroiliac dysfunction, status post left knee arthroscopy, and left knee posttraumatic degenerative joint disease. In addition, given documentation of history of GI upset with NSAID, there is documentation of risk for gastrointestinal event. However, there is no documentation that Pantoprazole is being used as a second-line. Therefore, based on guidelines and a review of the evidence, the request for Pantoprazole 20mg #90 is not medically necessary.

**Urine toxicology screen:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of right hip sacroiliac dysfunction, status post left knee arthroscopy, and left knee posttraumatic degenerative joint disease. However, despite documentation of a request for urine toxicology due to patient's history of poor response to opioids, and given no documentation of ongoing treatment with opioids, there is no documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment. Therefore, based on guidelines and a review of the evidence, the request for urine toxicology screen is not medically necessary.