

<b>Case Number:</b>	CM14-0093679		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	05/21/2001
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/20/2014

### 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 Medicine and is licensed to practice in Florida. 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 63-year-old male who reported an injury on 05/21/2001. The mechanism of injury was submitted for clinical review. The diagnoses included cervical discopathy with disc displacement, lumbar discopathy with disc displacement. Previous treatments included medication. Within the clinical note dated 01/07/2014, it was reported the injured worker complained of cervical spine and lumbar spine pain. The injured worker reported the lumbar spine pain radiated down to the legs with numbness and tingling. Upon the physical examination, the provider noted the cervical and lumbar spine had positive tenderness in the paraspinal regions. The injured worker had decreased range of motion and stiffness. The provider requested naproxen, Fexmid, Prilosec, cyclobenzaprine, MRI of the lumbar spine, lumbar spine orthosis for support. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted on 05/14/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-67.

**Decision rationale:** The request for naproxen 550 mg #90 is not medically necessary. The California MTUS Guidelines note naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend naproxen at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Fexmid 7.5mg #120:** 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 Muscle Relaxants Page(s): 63,64.

**Decision rationale:** The request for Fexmid 7.5 mg #120 is not medically necessary. The California MTUS Guidelines recommend nonsedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer for than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014. An updated clinical note was not submitted for clinical review. Additionally, the request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.

**Prilosec 20mg #90:** 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 GI symptoms & cardiovascular risk, Page(s): 68-69.

**Decision rationale:** The request for Prilosec 20 mg #90 is not medically necessary. The California MTUS Guidelines note proton pump inhibitors, such as Prilosec, are recommended for injured workers at risk for gastrointestinal events and/or cardiovascular disease. The risk factors for gastrointestinal events include over the age of 65, history of peptic ulcers, gastrointestinal bleed or perforation, use of corticosteroid and/or an anticoagulants. In the absence of risk factors for gastrointestinal events, proton pump inhibitors are not indicated when taking NSAIDs. The treatment of dyspepsia from NSAID usage includes stopping the NSAID, switching to a different NSAID or adding an H2 receptor antagonist or proton pump inhibitor. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, there is lack of clinical documentation indicating the injured worker

had a diagnosis of dyspepsia secondary to NSAID therapy. Therefore, the request is not medically necessary.

**Cyclobenzaprine cream 50gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Page(s): 111-112.

**Decision rationale:** The request for cyclobenzaprine cream 50gm's not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.

**MRI Lumbar spine.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

**Decision rationale:** The request for an MRI lumbar spine is not medically necessary. . The California MTUS Guidelines state clinical objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery as an option. When the neurological examination is less, however, further physiological evidence of nerve dysfunction should be obtained before ordering an imaging study. Indiscriminate imaging will result in a false positive finding, such as disc bulges that are not the source of painful symptoms and do not warrant surgery. Imaging studies should be reserved for cases in which surgery is considered or red flag diagnoses are being evaluated. There is lack of documentation of significant neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation regarding the failure of conservative treatment. In addition, there is no indication of red flag diagnoses or the intent to undergo surgery requiring MRI. Therefore, the request is not medically necessary.

**Lumbar spine Orthosis for support:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions, Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** The request for a lumbar spine orthosis for support is not medically necessary. The California MTUS/ACOEM Guidelines note lumbar support is not recommended for the treatment of low back disorders. Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The injured worker reported an injury in 2001, which is out of the acute phase of injury and would not warrant the use of a lumbar support. Additionally, the guidelines do not recommend the use of a lumbar support. Therefore, the request is not medically necessary.