

<b>Case Number:</b>	CM13-0050344		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: California  
 Certification(s)/Specialty: Emergency Medicine

### 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 42-year-old male, with a reported date of injury of 06/24/2010. The results of the injury were bilateral knee pain, and lumbar spine pain. The current diagnoses include right lumbosacral strain, right lumbosacral radiculopathy, myofascial pain, bilateral knee pain, status post left knee surgery, internal derangement of the right knee, and question of a new internal derangement of the left knee. The past diagnoses include lumbar disc herniation, status post left knee arthroscopic surgery with post-surgical significant synovitis and possible partial meniscectomy superimposed tear, and chronic myofascial pain with acute flare-up. Treatments have included an MRI of the lumbar spine on 09/16/2010, and MRI of the left knee on 01/28/2011, Orudis, Neurontin 600mg three times a day, Flexeril 7.5mg three times a day, and Ketoprofen. The treating physician mentioned that the injured worker was prescribed chiropractic care and physical therapy, but there is no evidence that the injured worker participated in the treatment. The initial comprehensive physiatry consultation report dated 10/23/2013 indicates that the injured worker complained of pain in the lumbar spine with radiation down the right lower extremity and some intermittent numbness and tingling sensations affecting the right leg. The injured worker reported having some weakness of the right leg, and decreased strength in both knees. The physical examination of the lumbar spine showed decreased flexion, extension, and bilateral bending by 10 percent of normal; tenderness in the right iliolumbar ligament; muscle spasms in the right L5 paraspinal muscles; decreased light touch sensation in the dorsal aspect of the right foot; decreased reflexes in the right ankle; normal reflexes in the bilateral knees; decreased strength in the right dorsiflexor, right extensor hallucis longus, right knee flexion, and

right knee extension; positive right straight leg raise at 40 degrees. An examination of the bilateral knees showed swelling in both knees; normal range of motion of both knees; tenderness to palpation around both knees, especially in the medial compartment; normal sensation; and decreased bilateral knee flexion and knee extension. The treating physician prescribed the Omeprazole for stomach prophylaxis, Neurontin for paresthesias, and the Flexeril for muscle spasms. On 11/01/2013, Utilization Review (UR) denied the request for Omeprazole 20mg one (1) tablet daily, Neurontin 600mg one (1) tablet three (3) times a day, and Flexeril 7.5mg one (1) tablet three (3) times a day. The UR physician noted that there is no documentation of the injured worker's need for a proton pump inhibitor, no mention of an altered dose of the non-steroidal anti-inflammatory medication (NSAID); no documentation of functional gain or pain relief related to taking the Neurontin; and no evidence of functional benefit or improved clinical status resulting from taking Flexeril. The Chronic Pain Guidelines were cited.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **OMEPRAZOLE 20MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS & CARDIOVASCULAR RISK Page(s): 68.

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

**Decision rationale:** Omeprazole/Prilosec is a proton-pump inhibitor (PPI) which is used to treat gastritis/peptic ulcer disease, acid reflux or dyspepsia from NSAIDs. There is no dyspepsia complaints. Pt had vague stomach issues in the past which documentation does not report as medication related or gastritis. Patient has no documented risk factors that can lead to high risk for GI bleeding. This request is incomplete with no total number of tablets requested or refills documented. Prilosec/Omeprazole is not medically necessary.

#### **NEURONTIN 600MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available) Page(s): 19.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 18-19.

**Decision rationale:** Gabapentin (Neurontin) is an anti-epileptic drug with efficacy in neuropathic pain. It is most effective in polyneuropathic pain. Pt has been on this medication for unknown duration, with no documentation of actual benefit. There is no documentation of any objective improvement with only some vague reports of subjective improvement. Gabapentin is not medically necessary.

#### **FLEXERIL 7.5MG: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Cyclobenzaprine(also known as flexeril) is a muscle relaxant. As per MTUS guidelines, evidence show that it is better than placebo but is considered a second line treatment due to high risk of adverse events. It is recommended only for short course of treatment for acute exacerbations. There is some evidence of benefit in patients with fibromyalgia. Pt has reported muscle spasms on exam. Patient appears to be on this medications chronically for an unknown period. There is no documented improvement in muscle spasms with this medication. This request is incomplete with no total number of tablets requested or refills documented. Flexeril is not medically necessary.