

Case Number:	CM14-0210470		
Date Assigned:	12/23/2014	Date of Injury:	12/04/2008
Decision Date:	02/27/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 45 year old female with date of injury 12/04/08. The treating physician report dated 10/27/14 (467) indicates that the patient presents with pain affecting the neck, and the upper and lower back. The patient complains of a worsening of numbness and weakness of both her upper and lower extremities after undergoing surgery to the cervical and lumbar spine. The physical examination findings reveal the range of motion of the cervical, thoracic and lumbar spine were moderately restricted in all planes. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, infraspinatus, thoracic and lumbar paraspinal musculature, as well as in the gluteal musculature. A Straight Leg Raise was positive bilaterally, at 30 degrees on the right and at 50 degrees on the left. Sensation to fine touch and pinprick was decreased in the right C5 and C6 dermatomes, as well as in all digits of the right hand, and in the 2nd and 4th digits of the left hand, in addition to the bilateral aspect of the calves and posterior aspect of the bilateral lower extremities. Prior treatment history includes epidurals and trigger point injections, a discogram (5/07/2012), and prescribed medications. Current medications include Hydrocodone/APAP, Omeprazole, Cyclobenzaprine, Tramadol, Mirtazepine, and Zofran. The current diagnoses are: 1. Chronic myofascial pain syndrome, cervical and thoracolumbar spine, moderate-to-severe.2. Cervical radiculopathy3. Status post surgery to cervical spine at the C4-5 and C5-6 levels (10/12/12)4. Lumbar radiculopathy5. Status post surgery to lumbar spine at the L5-S1 level with fusion (10/17/13)6. Gastritis due to NSAIDs7. Episode of urinary incontinence with sneezing/coughing, etiology undetermined8. Postoperative dysphagia (due to surgery to cervical spine)9. Mild

bilateral ulnar nerve entrapment at both elbows 10. Worsening of weakness and numbness of upper extremities due to postsurgical arachnoiditis of the cervical spine versus peripheral nerve entrapment. The utilization review report dated 11/20/14 (4) denied the request for Cyclobenzaprine 7.5mg 1 tab BID #90 x 6 weeks, Omeprazole 20mg 1 tab BID #90 x 6 weeks based on a lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg 1 tab BID #90 x 6 weeks: 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 Muscle Relaxant Page(s): 63.

Decision rationale: The patient presents with pain affecting the neck, and the upper and lower back. The current request is for Cyclobenzaprine 7.5mg 1 tab BID #90 x 6 weeks. The treating physician report dated 10/27/14 (468) states that the prescription for Cyclobenzaprine was for muscle spasms due to surgery to lumbar spine in 10/2013. MTUS guidelines for muscle relaxants state the following: "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use." MTUS guidelines for muscle relaxants for pain page 63 state the following: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP." MTUS does not recommend more than 2-3 weeks for use of this medication. Reports provided indicate that the patient has been taking Cyclobenzaprine since at least 4/1/14 (55). In this case, the use of the medication is outside the 2-3 weeks recommended by MTUS. This request is not medically necessary.

Omeprazole 20mg 1 tab BID #90 x 6 weeks: 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 Page(s): 68-69.

Decision rationale: The patient presents with pain affecting the neck, and the upper and lower back. The current request is for Omeprazole 20mg 1 tab BID #90 x 6 weeks. The treating physician report dated 10/27/14 (467) states that the request for Omeprazole was for NSAIDs induced gastritis. MTUS guidelines state Omeprazole is recommended with precautions, "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." Clinician should weigh indications for NSAIDs against GI and cardiovascular risk factors, determining if the patient is at risk for gastrointestinal events. The most recent

documentation provided of any current NSAID use was in a QME report dated 9/5/12 (44). The most current treating physician report dated 10/27/14 does not list an NSAID as part of the patient's current medications. In this case, the patient is not currently taking any NSAIDs and the reports provided indicate that the last documentation of NSAID usage was in 2012. While the treating physician has a diagnosis of NSAID induced gastritis, the records do not reflect that there is any current NSAID usage. The current request is not medically necessary.