

Case Number:	CM14-0059632		
Date Assigned:	07/09/2014	Date of Injury:	07/26/2013
Decision Date:	02/11/2015	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/30/2014

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 Neurology, 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:

The Injured Worker (IW) is a 54 year-old right-handed female with a reported date of injury as 7/26/2013. The records indicate that four boxes of tomatoes weighing 36 pounds each fell upon the IW while her back was turned, causing a contusion to her left shoulder, left mid back, and left low back. The IW complains of pain in her left shoulder and neck, left hip and low back, rated in periodic medical reports as 7/10 on a 1 -10 pain scale. The most recent medical exam provided for review is dated 3/31/2014 and is absent to report any physical objective findings but lists IW's subjective complaints. A physiatrist's examination dated 10/10/2013 reports motor examination and sensory examination of bilateral upper extremities as within normal limits and cites positive facet loading provocation on the left low back. A clinical encounter dated 2/24/2014 reports cervical spine range of motion limited in all planes tested due to pain; tenderness to palpation over the supraclavicular region on the left; however swelling, trigger points and spasm are absent. The range of motion in the left shoulder is noted as limited. Motor and neurological examination are noted as normal in the bilateral upper extremities but with note of positive Neer's and Hawkin's tests on the left. There is tenderness noted over the upper trapezius and pectoral minor muscles bilaterally; tenderness over the latissimus and rhomboids on the left. Trigger points are not present in the bilateral upper extremity examination. A cervical spine MRI dated 11/7/2013 indicates slight canal narrowing at C5-6; moderate left-sided facet arthropathy at C3-4 and C4 -5, and moderate facet arthropathy on the right at C5 -6. A lumbar spine MRI dated 9/13/2013 is unremarkable except for grade 1 degenerative L5-S1 spondylolisthesis; there is a large posterior annular tear at L5-S1. An electromyography/nerve conduction study dated 9/13/2013 indicates electrophysiological evidence without diagnosis for possible left C7 cervical radiculopathy. The IW has received two courses of physical therapy; lumbar facet medial cortisone injections at L3, L4, L5 (noted 11/19/2013); and a left shoulder

joint injection (noted 2/24/2014). A review of the medical records indicates that the IW has been taking ibuprofen at the maximum dose (upwards of 2400 mg daily) since at least August 2013, with initial prescriber's notes to discontinue should gastrointestinal side-effects emerge. Records indicate that the IW has developed GERD with use of this NSAID; a review of dosing history indicates the IW has increased from 600 mg to 800 mg dosing and that omeprazole has been prescribed. Records indicate that the IW has been using cyclobenzaprine nightly since at least August 2013, indicating that its use is apparently primarily for sleep (as noted in a medical legal evaluation dated 11/14/2014) and pain-related insomnia (note dated 2/24/2014). The IW also uses Norco, reportedly up to three times weekly to address incidences of moderate to severe pain complaints. A request for ibuprofen (800 mg three-times daily for 90 days) and a request for cyclobenzaprine (10 mg nightly for 90 days) was submitted on 3/31/2014; both requests were non-certified in a Utilization Review dated 4/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 800mg t.i.d for 30 days, count 90, 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67 - 72.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory agent. The MTUS' overall dosing recommendation for NSAIDs is for the lowest effective dose be used and for the shortest period of time in the treatment of moderate to severe osteoarthritic pain. Ibuprofen may be recommended for reducing pain secondary to inflammatory processes, such as osteoarthritis, rheumatoid arthritis, with off-label indications for ankylosing spondylitis. Doses should not exceed 3200 mg per day (NSAIDS, p. 72). Higher doses (400 -800 mg three-to-four times daily) may be indicated for mild to moderate arthritis pain. Doses greater than 400 mg have not been proven to provide greater pain relief (p. 72). For the treatment of chronic low back complaints, NSAIDs may be recommended as an option for short-term symptomatic relief, with evidence suggesting that NSAIDs are no more effective than other agents (such as acetaminophen, narcotics and muscle relaxants). The records do not indicate that the IW suffers from moderate to severe osteoarthritic pain complaints which might warrant the chronic and continuous use of this medication as indicated by the requested prescription. Further, use of ibuprofen in the treatment of low back complaints is recommended only for short-term, symptomatic use - again, inconsistent with the prescribing indicated with the request for 800 mg ibuprofen three-times daily. Medical necessity for this request is not established. Further, as the patient has developed gastrointestinal side-effects secondary to the use of this agent, its continued use cannot be recommended where other agents may be appropriate.

Cyclobenzaprine 10mg per day at bedtime for 30 days with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine. Page(s): 63-66.

Decision rationale: Cyclobenzaprine is a muscle relaxant with known sedative side-effects. The MTUS indicates that cyclobenzaprine is recommended as a short course of therapy in the treatment of back pain and muscle spasm. The effect of this agent is greatest in the first four days of treatment and treatment should be brief (p. 41). Prolonged use of muscle relaxants may lead to dependence, with efficacy diminishing over time. Cyclobenzaprine is not recommended for chronic use (Muscle relaxants, p. 64) In this case, the clinical exams are negative for findings for muscle spasm, and the subjective patient histories summarily deny muscle spasm in each review. Notes indicate that this IW is using the medication to assist in sleep. The records indicate that this IW has been using cyclobenzaprine nightly since at least 11/21/2013, with a current request for 10 mg nightly for as many as 90 nights. Such chronic use, and for the use indicated, is not appropriate according to the MTUS medical treatment guidelines for this medication.