

<b>Case Number:</b>	CM15-0010709		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	10/27/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: Physical Medicine & Rehabilitation

### 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 23 year old female, who sustained an industrial injury on 10/27/2012. The current diagnoses are low back pain, fibromyositis, enthesopathy of the knee, and prepatellar bursitis. Currently, the injured worker complains of low back pain, left knee pain with numbness, and left medial forearm/elbow pain with numbness and pain radiating into the pinky. The knee pain is rated (7-8/10), left upper extremity (5/10), and back (6/10). Current medications are Celebrex, Cyclobenzaprine, and Omeprazole. Treatment to date has included work restrictions, medications, and daily exercise program. The treating physician is requesting Cyclobenzaprine 10mg #30, Omeprazole 40mg #30, and Celebrex 100mg #60, which is now under review. On 12/24/2014, Utilization Review had non-certified a request for Cyclobenzaprine 10mg #30, Omeprazole 40mg #30, and Celebrex 100mg #60. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 10mg #30 x 2 refills:** Upheld

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

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

**Decision rationale:** The patient presents with pain in bilateral low back radiating to left lower extremity and in the medial forearm/elbow radiating to left pinky. The request is for CYCLOBENZAPRINE 10MG #30 X 2 REFILLS. The request for authorization is not available. The pain rated on the VAS scale in the knee (7-8/10), left upper extremity (5/10) and back (6/10). The patient is going to the gym 3 times per week and is doing daily home exercise program. Patient's medications include Celebrex, Cyclobenzaprine and Omeprazole. Patient is on modified work duty. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Per progress report dated 01/19/15, treater's reason for the request is for muscle spasm with 50% improvement. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. Patient has been prescribed Cyclobenzaprine since at least 06/10/14. The request for Cyclobenzaprine #30 with 2 refills would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request IS NOT medically necessary.

**Omeprazole 40mg #30 x 2 refills:** Overturned

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

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

**Decision rationale:** The patient presents with pain in bilateral low back radiating to left lower extremity and in the medial forearm/elbow radiating to left pinky. The request is for OMEPRAZOLE 40MG #30 X 2 REFILLS. The request for authorization is not available. The pain rated on the VAS scale in the knee (7-8/10), left upper extremity (5/10) and back (6/10). The patient is going to the gym 3 times per week and is doing daily home exercise program. Patient's medications include Celebrex, Cyclobenzaprine and Omeprazole. Patient is on modified work duty. Regarding NSAIDs and GI/CV risk factors, MTUS requires determination of risk for GI events including age >65; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID. MTUS pg 69 states "NSAIDs, GI symptoms and cardiovascular risk: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Per progress report dated 01/19/15, treater's reason for the request is "GI protection." Treater has documented GI assessment to warrant a prophylactic use of a PPI. Per progress report dated 12/16/14, treater states "Omeprazole is used

for stomach protection and medication gastritis (resolved with use of PPI)." Furthermore, the patient is currently prescribed oral NSAID. Therefore, the request IS medically necessary.

**Celebrex 100mg #60 x 2 refills:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with pain in bilateral low back radiating to left lower extremity and in the medial forearm/elbow radiating to left pinky. The request is for CELEBREX 100MG #60 X 2 REFILLS. The request for authorization is not available. The pain rated on the VAS scale in the knee (7-8/10), left upper extremity (5/10) and back (6/10). The patient is going to the gym 3 times per week and is doing daily home exercise program. Patient's medications include Celebrex, Cyclobenzaprine and Omeprazole. Patient is on modified work duty. MTUS guidelines page 22 supports NSAIDs for chronic LBP but for Celebrex, it states, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per progress report dated 01/19/15, treater's reason for the request is "pain management." NSAIDs are indicated for first line treatment to reduce pain. Per progress report dated 12/16/14, treater states "Celebrex helps to decrease pain by 70%." Furthermore, the patient is also working full-time. The request meets MTUS indication, therefore, the request IS medically necessary.