

<b>Case Number:</b>	CM15-0016879		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/08/2014
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 28 year old male who sustained an industrial injury on 07/08/2014. The injured worker complains of neck and low back pain. Diagnoses include chronic pain syndrome, cervical sprain/strain, lumbar pain, lumbar strain, myalgia and numbness. Treatment to date has included physical therapy, chiropractic sessions, home exercise program, and medications. A physician progress note dated 01/05/2015 documents the injured worker has neck pain as left sided aching with numbness on the side of his head that goes into his upper back area. His low back pain is described as a stabbing pain with aching into his upper buttocks area. He has numbness and aching pain in his calves. His pain is 8-9 out of 10 without medications and 6 out of 10 with his medications. There is diffuse posterolateral cervical spine tenderness to palpation with muscle tightness. Trigger point tenderness at C2-C3. There is lumbosacral tenderness to palpation with significant paraspinal tightness, increased lumbar lordosis with anterior pelvic tilt secondary to abdominal weakness. There is positive Patrick and Gaensien's sign bilaterally. Trigger point tenderness at L4-L5 and L5-S1. Treatment requested is for 60 tablets of Flexeril 7.5mg, 60 tablets of Naproxen 550mg, and 60 tablets of Omeprazole 20mg. On 01/23/2015 Utilization Review non-certified the request for 60 tablets of Flexeril 7.5mg, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guideline. On 01/23/2015 Utilization Review non-certified the request for 60 tablets of Naproxen 550mg, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines. On 01/23/2015 Utilization Review non-certified

the request for 60 tablets of Omeprazole 20mg, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

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

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

**60 tablets of Naproxen 550mg:** 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 Page(s): 22.

**Decision rationale:** The patient presents with neck and low back pain rated 8-9/10 without and 06/10 with medication. The request is for 60 TABLETS OF NAPROXEN 550MG. The RFA is not provided. Patient's diagnosis included chronic pain syndrome, cervical sprain/strain, lumbar pain, lumbar strain, myalgia, and numbness. Patient is temporarily totally disabled. MTUS Guidelines page 22 regarding anti-inflammatory medications states that "antiinflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The prescription for Naproxen was mentioned in the progress report dated 01/05/15. It appears that this patient is starting use of Naproxen with this prescription as prior reports do not show that Naproxen is prescribed. In this case, a trial of Naproxen would be reasonable. Therefore, the request IS medically necessary.

**60 tablets of Omeprazole 20mg:** Upheld

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

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

**Decision rationale:** The patient presents with neck and low back pain rated 8-9/10 without and 06/10 with medication. The request is for 60 TABLETS OF NAPROXEN 550MG. The RFA is not provided. Patient's diagnosis included chronic pain syndrome, cervical sprain/strain, lumbar pain, lumbar strain, myalgia, and numbness. Patient is temporarily totally disabled. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." The prescription for Omeprazole was mentioned in the progress report dated 01/05/15. It appears that this patient is starting use of Omeprazole with this prescription as prior reports do not show that Omeprazole is prescribed. Per the medical report dated 01/05/15, patient's current medication included over the counter

Ibuprofen. Treater is requesting Omeprazole for GI upset with NSAIDs. MTUS allows it for prophylactic use along with oral NSAIDs when appropriate GI risk is present. In this case, it is acknowledged that the patient will be taking Naproxen and Ibuprofen; however, there is no specific documentation of GI risk assessment for prophylactic use of PPI, as required by MTUS. There is no record of gastric problems, anticoagulants medications or ASA. Patient is not over the age of 65. Given lack of documentation as required by MTUS guidelines, the request IS NOT medically necessary.

**60 tablets of Flexeril 7.5mg:** Upheld

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

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

**Decision rationale:** The patient presents with neck and low back pain rated 8-9/10 without and 06/10 with medication. The request is for 60 TABLETS OF NAPROXEN 550MG. The RFA is not provided. Patient's diagnosis included chronic pain syndrome, cervical sprain/strain, lumbar pain, lumbar strain, myalgia, and numbness. Patient is temporarily totally disabled.

MTUS page 63-66 states: "muscle relaxants (for pain) recommended 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) recommend for a short-course of therapy."

Per medical record dated 01/05/15, Flexeril makes the patient "drowsy". Furthermore, MTUS Guidelines do not recommend use of cyclobenzaprine for longer than 2 to 3 weeks. In reviewing the provided medical reports, it is not known when and for how long Flexeril was previously administered. Given the lack of documentation required for assessment, the requested Flexeril IS NOT medically necessary.