

<b>Case Number:</b>	CM15-0019265		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	05/02/2008
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Internal 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 54 year old female, who sustained an industrial injury on 05/02/2008. She has reported the development of pain to the neck, bilateral shoulders, arms, wrists, hands, and back over the years of employment secondary to work of typing, sorting, folding and stuffing envelopes, and inputting into the computer. Diagnoses include cervical discopathy, lumbar discopathy, carpal tunnel/cubital tunnel/double crush syndrome, and status post right lateral epicondylar release. Treatment to date has included physical therapy, electrodiagnostic study with nerve conduction study to the bilateral upper and lower studies, medication regimen, multiple cortisone injections to the right arm and wrist, status post right carpal tunnel release, magnetic resonance imaging of the cervical spine, cervical three to seven anterior discectomy, cervical five to seven anterior cervical fusion, and cervical three to four, cervical four to five total disc replacement. In a progress note dated 01/06/2015 the treating provider reports constant pain to the cervical spine, bilateral elbows, wrists, and low back. The cervical spine pain is aggravated with repetitive activities and is characterized as dull and is rated a six on a scale of one to ten. The bilateral elbows and wrists are noted to be aggravated by repetitive activities and are characterized as throbbing with numbness and tingling and noted upper extremity weakness with the pain rated a seven on a scale of on to ten. The low back was noted to be sharp that radiated to the lower extremities and is rated a six on a scale of one to ten. The treating physician requested physical therapy for the neck and bilateral upper extremities, but the documentation did not indicate the reason for this specific treatment. It was also noted in the records that the patient had had a cervical surgical procedure on 8/22/14 and that she was on various medication

including narcotics and Naproxen to control the pain. Also, the MD stated that the patient experienced cervical spine associated migraine headaches. The treating physician requested the below listed medications noting the use of these medications for symptomatic relief. On 01/29/2015 Utilization Review non-certified the requested treatments of Omeprazole 20mg with a quantity of 20, Cyclobenzaprine 7.5mg with a quantity of 120, Sumatriptan Succinate 25mg with a quantity of 9, Lunesta 1mg with a quantity of 30, and physical therapy for the neck and bilateral upper extremities with a quantity of 12, noting the California Medical Treatment Utilization Schedule, 2009: Postsurgical Treatment Guidelines, page 16, Neck and Upper Back; Chronic Pain Medical Treatment Guidelines: page 68, NSAIDS, GI Symptoms and Cardiovascular Risk; page 63, Muscle Relaxants (for pain); and Work Loss Data Institute Official Disability Guidelines: Head Updated; Pain (Chronic) Updated 12/31/2014; Carpal Tunnel Syndrome (Acute & Chronic) Updated 11/11/2014, Physical Medicine Treatment: Official Disability Guidelines Physical Medicine Guidelines.

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

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

**Omeprazole 20mg #20:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 68 and 69. Decision based on Non-MTUS Citation Up to date topic 9718 and version 134.0.

**Decision rationale:** Omeprazole or Prilosec is a PPI medicine which causes acid suppression in both basal and stimulated states. It is used to treat duodenal ulcers, gastric ulcers, symptomatic GERD, esophagitis, NSAID induced ulcer or NSAID induced ulcer prophylaxis. Its side effects include headache, dizziness, rash, abdominal pain, diarrhea, nausea, emesis, back pain, weakness, URI, and cough. Also, it is associated with an increase in hip fracture. It is recommended to be given with NSAID's in a patient with either intermittent risk of a GI event or high risk of a GI event. It is also recommended that the lowest dose necessary of the NSAID be utilized. In the above patient she is on Naproxen and it was noted that she had GI related symptoms which were ameliorated by Prilosec. Therefore, she is at risk of developing GI side effects of Naproxen such as ulcer, reflux symptoms or other GI related problems. The Naproxen is necessary in treating this chronic pain patient. Therefore, it is medically indicated that the patient receive Prilosec treatment and the UR decision is overturned.

**Cyclobenzaprine 7.5mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain Page(s): 41. Decision based on Non-MTUS Citation Up to date topic 9306 and version 145.0.

**Decision rationale:** Cyclobenzaprine or Flexeril is a skeletal muscle relaxant and the MTUS notes it to be better than placebo for treatment of back pain but it states that the effect is modest at the price of a greater side effect profile. It was most efficacious in the first four days of treatment and this suggests that a short course of therapy may be most efficacious. It is also noted to be useful for the treatment of fibromyalgia. Up to Date states that the side effect profile includes drowsiness, dizziness, xerostomia, headache, constipation, nausea, diarrhea, weakness, fatigue, and confusion. The above patient was already being treated with narcotics and NSAID medicine for her chronic pain dating back to 2008. The above medicine is noted to be more efficacious in acute pain and that the side effect profile in chronic pain patients is probably greater than the potential benefit. Therefore, the UR was justified in its denial of this medicine.

**Sumatriptan Succinate 25mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines- Head updated.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 9968 and version 111.0 and topic 3347 and version 31.0.

**Decision rationale:** Sumatriptan is a triptan medication used to treat migraine headaches. It can be given orally, nasally, subcutaneously, or transdermally. Side effects include paresthesias, dizziness, flushing, chest discomfort, nausea, emesis, and vision distortion. Warnings include the risk of such events as coronary vasospasm, TIA, CVA, MI, depression, and hypertension. Abortive agents are the best treatment for acute migraine attacks. They include Tylenol, NSAID's, Triptans, and Dihydroergotamine. The triptans and dihydroergotamine are generally reserved for treatment of more severe migraine when the headache has responded poorly to such medications as NSAID's. If the patient has nausea or emesis with the headache non-oral routes of administration should be utilized. Attention should be given to the employment of prophylactic regimens of medicine if the headaches are frequent in order to avoid the development of rebound headaches. Our patient is cited by the MD as having migraine pain associated with cervical spine pain. Migraine headache should not be associated with cervical spine pain but is a neurological phenomena. However, muscle contraction headaches are more likely associated and secondary to cervical spine pain. Sumatriptan is a treatment for migraine headache and not muscle contraction type headache. There is no other evidence offered that would point to a migraine headache such as nausea, emesis, photosensitivity, or light sensitivity. Therefore, the UR is justified in denial of this medicine.

**Lunesta 1mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute (ODG) Guidelines Pain (Chronic) updated 12/31/14.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up to date topic 7691 and version 24 and topic 8830 and version 97.0.

**Decision rationale:** Up to Date states that insomnia should be first treated with sleep hygiene and counseling. Such techniques such as relaxation, cognitive therapy, behavior modification, and stimulus control are all advocated as first line treatment. Also, screening for such other problems as depression should be done. When Lunesta is used the smallest dose of 1 or 2 mg should be used first. Lunesta has the longest half life of all the sleep agents and can still be active 11 hours after use. It could cause problems with driving, memory, and coordination and caution should be used, especially with the 3 mg dose. Also, caution should be used with treatment for insomnia linked to depression. In the above case we have no evidence that behavioral therapy was attempted and we have no evidence that depression, a known cause of insomnia, was screened for. Also, Lunesta is the agent with the longest half life and another agent with a shorter half life would be less likely to have side effects associated with daytime somnolence. Therefore, the UR was justified in its denial of this medicine.

**Physical therapy for the neck and bilateral upper extremities QTY 12:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 16.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 174 for neck and 212 for shoulder. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) cervical intervertebral disc page 1032 and shoulder chapter page 1356.

**Decision rationale:** The MTUS states that physical modality treatment for the neck should include specific exercises for the neck for ROM and strengthening. At home treatments should be initially cold packs and then later hot and or cold packs applied. Also, relaxation techniques and aerobic activities should be stressed. Lastly, one or two PT sessions should be allowed to provide education, counseling, and supervision of an at home exercise program. The ODG discusses PT treatment for cervical pain caused by an intervertebral disc problem without myelopathy. It states that medical treatment should be provided with 10 visits over an 8 week period. Post-op treatment for discectomy should comprise 16 visits over an 8 week period. The section in AECOM states that the recommended medical treatment for soft tissue and non surgical treatment is passive rom at home with pendulum and wall crawl with the extremity and also strengthening and stabilization exercises. Optional treatment included heat or cold applications and a short course of PT. In the section in the ODG we note that PT treatment should be 1-3 visits a week with self directed home PT taught and that the treatments should be 10 over a 8 week course. In the above patient we have a chronic disease dating back to 2008 and PT has already been prescribed. The patient also was noted to have a cervical neck procedure on 8/12/14. PT should have already been completed for this surgery. The patient should have had sufficient instruction in home PT to be able to utilize home exercises in order to treat any exacerbation of pain. Therefore, the PT was not medically necessary and the UR was justified in its decision.