

<b>Case Number:</b>	CM15-0118439		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	03/19/2001
<b>Decision Date:</b>	08/04/2015	<b>UR Denial Date:</b>	05/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Pennsylvania

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 51 year old female who sustained an industrial injury on 3/19/2001. The current diagnoses are cervicgia with bilateral radiculopathy, lumbago with bilateral radiculopathy, myofascial syndrome, cervicogenic headaches with intractable pain, and reactive depression and anxiety. Treatment to date has included medication, trigger point injections, lumbar facet joint injections, and spinal cord stimulator (lumbar spine). According to the progress report dated 5/8/2015, the injured worker complains of moderate-to-severe cervical spasms, as well as spasms through the bilateral upper trapezius muscles. She also has radiating pain into the upper extremities. She continues to note sleep issues and some depression, which is associated with her chronic pain. She rates her pain 4-5/10 on a subjective pain scale. Overall, her pain scores are diminished. Her low back symptoms are significantly reduced. At this time, she is able to remain functional and perform necessary activities of daily living. The physical examination of the cervical spine reveals significant pain over C6-7, moderate-to-severe cervical muscle spasms, multiple tender and trigger point areas along the bilateral upper trapezius muscles and into the neck, decreased and painful range of motion, and sensory deficit and mild motor weakness in the upper extremities. Examination of the lumbar spine reveals some tenderness over the facets with a mildly positive facet provocation. She is also tender over the sacroiliac joints. The current medications are Nucynta, Aciphex, Flexeril, Paxil, Restoril, and Terocin patch. It was noted that the injured worker was not currently working, and that she is totally disabled. Urine drug screen from 2/12/2015 was consistent with prescribed medications. A request for Aciphex, Flexeril, and Restoril has been submitted.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Aciphex 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** Per the MTUS, co-therapy with a nonsteroidal anti-inflammatory medication (NSAID) and a proton pump inhibitor (PPI) is not indicated in patients other than those at intermediate or high risk for gastrointestinal events (including age > 65 years, history of peptic ulcer, gastrointestinal (GI) bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant, or high dose/multiple NSAIDs such as NSAID plus low dose aspirin). Long term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The records indicate that aciphex has been prescribed for more than one year, since August 2013. In this case, current medications did not include an NSAID. None of the GI risk factors noted above were present for this injured worker. Aciphex was noted to be prescribed for stomach issues secondary to chronic pain and medication use, without further discussion. There are no medical reports, which adequately describe signs and symptoms of possible GI (gastrointestinal) disease. There is no examination of the abdomen on record. There are many possible etiologies for GI symptoms; the available reports do not provide adequate consideration of these possibilities. Empiric treatment after in the absence of sufficient evaluation is not indicated. Due to lack of specific indication, and potential for toxicity, the request for aciphex is not medically necessary.

**Flexeril 10mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril (Cyclobenzaprine).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 41-42, 63-66.

**Decision rationale:** Per CA MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine (Flexeril) is a skeletal muscle relaxant and a central nervous system (CNS) depressant. Use guidelines recommend Cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. The effect is greatest in the first 4 days of treatment. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. This injured worker has been prescribed multiple additional agents. In this case, there is documentation of ongoing treatment with Flexeril for more than one year, since at least August 2013. The guidelines recommend using Flexeril for a short course of therapy. Additionally, any continued use of muscle relaxants should

be contingent on evidence of specific prior benefit. However, the documentation fails to provide evidence of functional benefit or improvement. It was noted that the injured worker was not working and that work status was totally disabled, and there was no documentation of improvement in specific activities of daily living as a result of use of flexeril. Due to length of use in excess of the guideline recommendations, and lack of functional improvement, the request for Flexeril is not medically necessary.

**Restoril 15mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Per the CA MTUS Chronic Pain Medical Treatment Guideline, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks. In this case, there is documentation of ongoing treatment with Restoril for sleep issues for many months, since at least July 2014; however, the guidelines do not support long-term use of benzodiazepines. The guidelines limit use to 4 weeks; in this case, use of restoril has continued far in excess of the guideline recommendations. Therefore, based on MTUS guidelines and submitted medical records, the request for Restoril is not medically necessary.