

Case Number:	CM15-0123627		
Date Assigned:	07/08/2015	Date of Injury:	09/24/2012
Decision Date:	09/15/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	06/26/2015

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: New York

Certification(s)/Specialty: Emergency 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 September 24, 2012 while working at a deli. The mechanism of injury was a slip and fall against a buffet table. The injured worker sustained injuries to her elbows, neck and back. The diagnoses have included cervicalgia, trapezius/rhomboid strain, myofascial pain, and anxiety, stress and sleep disturbance. Treatment and evaluation to date has included medications, psychological evaluation, transcutaneous electrical nerve stimulation unit, home exercise program, physical therapy and chiropractic treatments. The injured worker last worked on September 14, 2013. Current documentation dated June 15, 2015 notes that the injured worker reported neck pain rated a 4/10 on the visual analogue scale with medications. Examination of the cervical spine revealed tenderness, spasms and a decreased range of motion. Examination of the bilateral upper extremities revealed sensation to be intact and muscle strength to be 5/5. The treating physician's plan of care included a request for the retrospective medications: Cyclobenzaprine 7.5 mg # 60, Omeprazole 20 mg # 60 and Gabapentin 300 mg # 60 with a date of service of 6/15/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Cyclobenzaprine 7.5mg #60, DOS: 06/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril).

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

Decision rationale: Regarding the medication Cyclobenzaprine for pain relief the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. In addition, there is no additional benefit shown in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. Cyclobenzaprine is more effective than a placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used longer than 2-3 weeks. The documentation supports the injured worker had chronic neck pain with spasms. The injured worker had been receiving Cyclobenzaprine since at least January of 2015. Cyclobenzaprine is not recommended for chronic use. Therefore, the request for Cyclobenzaprine is not medically necessary.

Retrospective request for Omeprazole 20mg #60, DOS: 06/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Prilosec (omeprazole), and Proton Pump Inhibitors.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend that clinicians weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. Risk factors to determine if the patient is at risk for gastrointestinal events are: age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID. The MTUS Chronic Pain Medical Treatment Guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor medication (PPI) or misoprostol or a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. The documentation does not indicate a gastrointestinal issue or that the injured worker was at increased risk for a GI event that would

support the necessity of proton pump inhibitor medication. The request for Omeprazole is not medically necessary.

Retrospective request for Gabapentin 300mg #60, DOS: 06/15/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); Gabapentin (Neurontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs); Gabapentin Page(s): 16-18, 49.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. A recent review has indicated that there is insufficient evidence to recommend for or against antiepileptic drugs for axial low back pain. There is a lack of evidence to demonstrate that anti-epilepsy drugs significantly reduce the level of myofascial or other sources of somatic pain. These medications provide additional analgesia and reduce the dependence on opioids and other medications. The injured worker had been on this medication since at least January of 2015. It is unclear from the submitted documentation what ailment gabapentin was prescribed to treat. The injured worker did not have a diagnosis of neuropathic pain. The injured worker does have a diagnosis of myofascial pain. There is lack of evidence that Gabapentin reduces myofascial pain. The records did not support the injured worker had improvement in pain symptoms with this medication. The request for Gabapentin is not medically necessary.