

<b>Case Number:</b>	CM15-0171813		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	11/12/2012
<b>Decision Date:</b>	10/28/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: Tennessee, Florida, Ohio  
 Certification(s)/Specialty: Surgery, Surgical Critical Care

### 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 21 year old male, who sustained an industrial injury on 11-12-2012. He has reported subsequent right thigh pain, numbness and tingling and was diagnosed with right thigh laceration status post removal of glass from the right posterior thigh, probable thrombolitis of the right inner thigh and myofascial pain syndrome. Treatment to date has included oral pain medication and surgery. The injured worker reported some relief with anti-inflammatory medications in the past but noted having problems with gastritis type symptoms. A qualified medical examiner report dated 02-13-15 noted that the injured worker was not taking any medication. In a physiatry consultation note dated 08-05-2015 the injured worker reported continued pain in the right posterior thigh with some weakness, numbness, tingling and acute muscle spasms of the right thigh. The injured worker was not taking any medications. The physician noted that the injured worker had an ultrasound in the emergency room one month prior and was diagnosed with superficial thrombolitis. Objective examination findings showed muscle spasms and trigger points along the right posterior thigh and right inner thigh, decreased sensation in the right posterior thigh area and decreased right hip extension, flexion, adduction, internal rotation, external rotation and abduction strength at 4 out of 5. The injured worker was noted to have been off work since September of 2014. The physician noted that Naproxen was being requested for inflammation, Omeprazole for stomach prophylaxis, Neurontin for paresthesias, Flexeril for muscle spasms and acupuncture was requested to increase independence with activities of daily living, to avoid surgical intervention and help with pain management. A request for authorization of Naproxen 550 mg, Omeprazole 20 mg, Neurontin

600 mg, Flexeril 7.5 mg and Acupuncture 2 times a week for 4 weeks for multiple body parts (including body systems and body parts), upper leg was submitted.

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

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

**Naproxen 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of treatment of this medication for this patient. The California MTUS guidelines address the topic of NSAID prescriptions by stating, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend routine use of NSAIDs due to the potential for adverse side effects (GI bleeding, ulcers, renal failure, etc). This patient has used NSAIDs in the past but, recently, has been diagnosed with GI complications from their use. The patient's gastritis has resulted in his cessation of all medication use as noted in his recent physiatry sessions. Due to his NSAID associated gastritis, this medication is not indicated. Furthermore, the medical records do not support that the patient has a contraindication to other non-opioid analgesics. Therefore, medical necessity for Naproxen prescription has not been established.

**Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of the requested prescription for this patient. The clinical records submitted do not support the fact that this patient has refractory GERD resistant to H2 blocker therapy or an active h. pylori infection. The California MTUS guidelines address the topic of proton pump prescription. In accordance with California MTUS guidelines, PPI's (Proton Pump Inhibitors) can be utilized if the patient is concomitantly on NSAIDs and if the patient has gastrointestinal risk factors. This patient is not on NSAIDs. Additionally, per the Federal Drug

Administration's (FDA) prescribing guidelines for Nexium use, chronic use of a proton pump inhibitor is not recommended due to the risk of developing atrophic gastritis. Short-term GERD symptoms may be controlled effectively with an H2 blocker unless a specific indication for a proton pump inhibitor exists. This patient's medical records support that he has NSAID associated gastritis. However, the patient has no documentation of why chronic PPI therapy is necessary. His gastritis is not documented to be refractory to H2 blocker therapy and he has not records that indicate an active h. pylori infection. Since the patient's gastrointestinal complaints have improved since cessation of his NSAID use, PPI therapy is not indicated since NSAIDS are not authorized for this patient. Therefore, based on the submitted medical documentation, the request for omeprazole prescription is not medically necessary.

**Neurontin 600mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. MTUS Chronic Pain Guidelines note Gabapentin is an anti-epilepsy drug (AEDs-also referred to as anti-convulsants), which has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The Guidelines recommend Gabapentin for patients with spinal cord injury as a trial for chronic neuropathic pain that is associated with this condition. The Guidelines also recommend a trial of Gabapentin for patients with fibromyalgia and patients with lumbar spinal stenosis. Within the provided documentation it did not appear the patient had a diagnosis of diabetic painful neuropathy or postherpetic neuralgia to demonstrate the patient's need for the medication at this time. Additionally, the requesting physician did not include adequate documentation of objective functional improvements with the medication or decreased pain from use of the medication in order to demonstrate the efficacy of the medication. Therefore, based on the submitted medical documentation, the request for Neurontin is not medically necessary.

**Flexeril 7.5mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Non-sedating muscle relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** There is not sufficient clinical information provided to justify the medical necessity of this prescription for this patient. In accordance with the California MTUS guidelines, Cyclobenzaprine is a muscle relaxant and muscle relaxants are not recommended for the

treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic back pain. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." This patient has been diagnosed with chronic back pain of the cervical and upper spine. Per MTUS, the use of a muscle relaxant is not indicated. Therefore, based on the submitted medical documentation, the request for Cyclobenzaprine is not medically necessary.

**Acupuncture 2 times a week for 4 weeks for multiple body parts (including body systems and body parts), upper leg:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** There is sufficient clinical information provided to justify the medical necessity of acupuncture for this patient. The California MTUS Acupuncture guidelines address the topic of acupuncture. In accordance with California MTUS Acupuncture guidelines "Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented." This patient has been prescribed acupuncture for 1 month, q2 times per week. He has been diagnosed with chronic and nonspecific thigh/lower extremity pain in the soft tissue. Based on MTUS guidelines, a trial of acupuncture is clinically appropriate. Therefore, based on the submitted medical documentation, the request for acupuncture testing is medically necessary.