

Case Number:	CM15-0175233		
Date Assigned:	09/16/2015	Date of Injury:	10/18/2012
Decision Date:	10/22/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/04/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 44-year-old male, who sustained an industrial injury on 10-18-2012. The injured worker was diagnosed as having cervical radiculopathy, cervical sprain-strain, thoracic sprain-strain, lumbar sprain-strain, lumbar radiculopathy, and loss of sleep. Treatment to date has included diagnostics, physical therapy, and medications. Prescriptions for topical compound medications, Hydrocodone, Gabapentin, and Cyclobenzaprine were noted in the progress report dated 1-06-2015, at which time pain was rated 7 out of 10 with medications and 9 without. He was dispensed Anaprox, Prilosec, and Tramadol-Acetaminophen on 2-03-2015, at which time pain was rated 7 out of 10 with medication use and 8 out of 10 without. He was unable to take Tramadol due to nausea, per the progress report 5-19-2015. Urine toxicology was performed on 5-19-2015, 6-16-2015, and 7-18-2015 and was documented as qualitatively negative for opiates. Only the report for 6-16-2015 was submitted and showed the detection of Hydrocodone, Hydromorphone, and Gabapentin. It was documented that the injured worker was dispensed Hydrocodone 10-325mg #60 for pain control on 4-21-2015, 5-19-2015, 6-16-2015, and 7-18-2015. Currently (8-11-2015), the injured worker complains of neck pain associated with headaches and radiating pain, tingling, and numbness to the bilateral upper extremities (rated 7 out of 10 with medication use and 9 without), mid back pain associated with radiating pain, tingling, and numbness to the bilateral ribs (rated 7 out of 10 with medications and 8 without), and low back pain associated with radiating pain, tingling, and numbness to the bilateral lower extremities (rated 7 out of 10 with medications and 8 without). Exam of the cervical spine noted "decreased and painful" range of motion, tenderness to palpation of the cervical paravertebral muscles, and muscle spasm of the cervical paravertebral muscles. Exam of the thoracic spine noted "decreased and painful" range of motion and tenderness to palpation of the thoracic

paravertebral muscles. Exam of the lumbar spine noted tenderness to palpation and spasm of the lumbar paravertebral muscles. Also noted were "sleep complaints." Gastrointestinal complaints were not noted. He was dispensed Anaprox 550mg #60 for pain and inflammation, Prilosec 20mg #60 for gastrointestinal symptoms related to non-steroidal anti-inflammatory drug-medication use, Cyclobenzaprine 7.5mg #60 for muscle relaxing, and Norco 10-325mg #60. He remained off work. On 8-21-2015, Utilization Review non-certified the requests for Prilosec, Cyclobenzaprine, and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20 mg, sixty count: 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, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: MTUS states "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)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient has having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Prilosec 20mg, sixty count, is not medically necessary.

Cyclobenzaprine 7.5 mg, sixty count: 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): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®) and Other Medical Treatment Guidelines UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." "The medication is not recommended to be used for longer than 2-3 weeks." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before

prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy. The addition of cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Cyclobenzaprine 7.5mg, sixty count is not medically necessary.

Anaprox 550 mg, sixty count: 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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS recommends NSAIDs for osteoarthritis "at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, "Recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." The medical record fails to document improved pain control with use of this medication. As such, the request for Anaprox 550mg, sixty count is medically necessary at this time.