

Case Number:	CM15-0175958		
Date Assigned:	09/17/2015	Date of Injury:	01/16/2004
Decision Date:	10/27/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/08/2015

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: Physical Medicine & Rehabilitation

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 59 year old female who sustained an industrial injury on 01-16-2004. Diagnoses include degenerative disc disease of the cervical spine with radiculopathy, ongoing lumbar pain, and bilateral knee degenerative joint disease, bilateral ankle degenerative joint disease with right ankle osteochondral defect-medial talar dome, left ankle degenerative joint disease, bilateral carpal tunnel syndrome, right side wrist degenerative joint disease and diabetes. A physician progress note dated 08-06-2015 documents the injured worker complains of chronic neck and low back pain, which she rates as 6 out of 10 in her neck that radiates to her upper extremities. She rates her low back pain as a 5 out of 10 at it is a radiating pain. She states she has completed 6 aqua therapy sessions and her range of motion is increasing. Her medications decrease her pain by 40% temporarily which allows her to be more active with her ADL. She has an antalgic gait and walks with the assistance of a walker. She has moderate cervical, thoracic and lumbar midline and bilateral paraspinal glutes pain. Cervical, thoracic and lumbar extension and flexion are decreased. There is decreased sensation in the C8 dermatome on the left, and decrease in sensation in the S1 dermatome on the right. Upper and lower extremity motor exam is limited by pain. Straight leg raise elicits pain at eh knee and lumbar spine. She was advised to increase her Cymbalta to two a day; she is to continue with her therapy, home exercises and use of her walker. On 07-07-2015 and 05-27-2015 the physician progress notes documents she has increased bilateral wrist, hand, and knee pain, and she has 60% improvement in her bilateral ankle pain. Her left wrist pain is rated an 8 out of 10 and her right wrist pain is rated 7 out of 10 and he pain radiates up to her shoulders. She wears bilateral

wrist splints. She has pain, swelling, stiffness and coldness in the second, third, and fourth fingers. She complains of cramping in the palmar aspect of the wrist. She also complains of neck pain. Her worst pain is in her knees that she rates 6-8 out of 10 with stiffness and cramping. Treatment to date has included diagnostic studies, medications, and corticosteroid injections to her ankles, ankle braces, and physical therapy, aqua therapy, home exercise program, Orthovisc injections to the left knee, acupuncture and physical therapy. She is not working. The Request for Authorization dated 08-06-2015 is for Naproxen Sodium 550mg, Cyclobenzaprine 7.5mg, Duloxetine 30mg, Omeprazole 20mg and a Pain Management consultation. On 08-26-2015 the Utilization Review non-certified the requested treatments of Cyclobenzaprine 7.5 mg #60, Duloxetine DR 30 mg #60, and Omeprazole 20 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: 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), Muscle relaxants (for pain).

Decision rationale: The 59 year old patient complains of neck pain, rated at 6/10, radiating to bilateral upper extremities; and lower back pain, rated at 5/10, radiating to bilateral lower extremities, as per progress report dated 08/06/15. The request is for CYCLOBENZAPRINE 7.5 mg #60. The RFA for this case is dated 08/06/15, and the patient's date of injury is 01/16/04. Diagnoses, as per progress report dated 08/06/15, included degenerative disc disease of the cervical spine with radiculopathy, ongoing lumbar myofascial complaints, bilateral knee degenerative joint disease, bilateral ankle degenerative joint disease with right ankle osteochondral defect and medial talar dome, left ankle degenerative joint disease, bilateral carpal tunnel syndrome, right wrist degenerative joint disease, and diabetes. Medications included Cymbalta, Naproxen, Prilosec and Flexeril. The patient is status post bilateral carpal tunnel releases, as per progress report dated 05/14/15. The patient has been allowed to return to modified work, as per progress report dated 08/06/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 63-66 and Muscle Relaxants section, state: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodonal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, a prescription for Cyclobenzaprine is first noted in progress report dated 02/03/15. While it is evident that the patient has received this medication consistently since then, the reports do not indicate when the muscle relaxant was initiated. As per

progress report dated 08/06/15, medications help “decrease her pain by about 40% temporarily, increases her walking distance by 10 minutes, and allows her to be more active with her activities of daily living.” While Cyclobenzaprine may have benefited the patient, MTUS does not support long-term use of muscle relaxants beyond a 2 to 3 week period. Hence, the request for # 60 IS NOT medically necessary.

Duloxetine DR 30 mg #60: Overturned

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): Duloxetine (Cymbalta).

Decision rationale: The 59 year old patient complains of neck pain, rated at 6/10, radiating to bilateral upper extremities; and lower back pain, rated at 5/10, radiating to bilateral lower extremities, as per progress report dated 08/06/15. The request is for DULOXETINE DR 30 mg #60. The RFA for this case is dated 08/06/15, and the patient's date of injury is 01/16/04. Diagnoses, as per progress report dated 08/06/15, included degenerative disc disease of the cervical spine with radiculopathy, ongoing lumbar myofascial complaints, bilateral knee degenerative joint disease, bilateral ankle degenerative joint disease with right ankle osteochondral defect and medial talar dome, left ankle degenerative joint disease, bilateral carpal tunnel syndrome, right wrist degenerative joint disease, and diabetes. Medications included Cymbalta, Naproxen, Prilosec and Flexeril. The patient is status post bilateral carpal tunnel releases, as per progress report dated 05/14/15. The patient has been allowed to return to modified work, as per progress report dated 08/06/15. Regarding Cymbalta, the MTUS chronic pain guidelines 2009 page 16-17 Anti-Depressants for Chronic pain section, states, "Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." MTUS page 60 require documentation of pain and function when medications are used for chronic pain. In this case, a prescription for Duloxetine is first noted in progress report dated 02/03/15. While it is evident that the patient has received this medication consistently since then, the reports do not indicate when Cymbalta was initiated. As per progress report dated 08/06/15, medications help “decrease her pain by about 40% temporarily, increases her walking distance by 10 minutes, and allows her to be more active with her activities of daily living.” The treater also states that the Cymbalta is being prescribed to manage chronic neuropathic pain. Given the diagnoses and the efficacy, the request appears reasonable and IS medically necessary.

Omeprazole 20 mg #60: 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 rationale: The 59 year old patient complains of neck pain, rated at 6/10, radiating to bilateral upper extremities; and lower back pain, rated at 5/10, radiating to bilateral lower extremities, as per progress report dated 08/06/15. The request is for OMEPRAZOLE 20 mg #60. The RFA for this case is dated 08/06/15, and the patient's date of injury is 01/16/04. Diagnoses, as per progress report dated 08/06/15, included degenerative disc disease of the cervical spine with radiculopathy, ongoing lumbar myofascial complaints, bilateral knee degenerative joint disease, bilateral ankle degenerative joint disease with right ankle osteochondral defect and medial talar dome, left ankle degenerative joint disease, bilateral carpal tunnel syndrome, right wrist degenerative joint disease, and diabetes. Medications included Cymbalta, Naproxen, Prilosec and Flexeril. The patient is status post bilateral carpal tunnel releases, as per progress report dated 05/14/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section, states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. 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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, Omeprazole is first noted in progress report dated 04/02/15. It is not clear if this is the first prescription for this medication or if the patient has used it in the past. As per progress report dated 08/06/15, the medication is being prescribed for NSAID-induced gastritis. However, there is no specific diagnosis of medication-induced gastritis. Prophylactic use of PPI is indicated by MTUS but the treater has to provide a GI risk assessment. Provided progress reports do not show evidence of gastric problems, and there is no mention of peptic ulcers. Additionally, the patient is under 65 years of age and there is no indication of concurrent use of ASA, corticosteroids, and/or an anticoagulant. Given the lack of relevant documentation, the request IS NOT medically necessary.