

Case Number:	CM15-0066259		
Date Assigned:	04/14/2015	Date of Injury:	02/27/2013
Decision Date:	05/18/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/07/2015

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 27-year-old female who sustained an industrial injury on 2/27/2013. She reported injury of the right shoulder and low back after a slip and fall. The injured worker was diagnosed as having myofascial pain syndrome, lumbosacral radiculopathy, lumbar spine strain, rotator cuff syndrome, and right shoulder sprain. Treatment to date has included medications, physical therapy, trigger point injections, acupuncture, right shoulder injections, right shoulder surgery, and transcutaneous electrical nerve stimulation. On 2/24/2015, she complains of increased pain in the lumbar spine paraspinal muscles, and continued numbness of the lumbar spine and right shoulder areas. The records indicate she had relief of her pain with the use of transcutaneous electrical nerve stimulation. The documentation states that the injured worker is currently not working. Physical examination showed negative straight leg raise, positive trigger points in the lumbar paraspinal muscles, normal strength and reflexes, right shoulder impingement, and trigger point of right trapezius. The treatment plan included giving a trigger point injection on the date of service, and prescriptions for Omeprazole, Flexeril, Neurontin, Voltaren XR, and LidoPro. The records indicate she has been utilizing non-steroidal anti-inflammatory drugs, Omeprazole, Flexeril, and Neurontin since at least 4/2014. Naproxen was first prescribed in March of 2013 and progress notes indicate it was prescribed from at least April 2014 through January 2015. Medications were noted to provide unspecified benefit. Work status was noted to be full time with restrictions. A letter from the treating physician from 2/25/15 addressing denial of medications notes that the injured worker has a history of gastroesophageal reflux disease (GERD) while taking non-steroidal anti-inflammatory medication (NSAIDs). On

3/9/15, Utilization Review (UR) non-certified requests for Fexmid (Flexeril) 7.5mg #90, Volatren XR (Diclofenac Sodium ER) 100mg #100, and Omeprazole 20mg #100. UR modified a request for Neurontin (Gabapentin) 600mg #100 to #50. UR cited the MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid (Flexeril) 7.5mg 1 tablet by mouth 3 times a day #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine p. 41-42 muscle relaxants p. 63-66.

Decision rationale: This injured worker has chronic back and shoulder pain. She has been treated with flexeril for at least 10 months. The MTUS for chronic pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short-term exacerbations of chronic low back pain/chronic musculoskeletal pain. The muscle relaxant prescribed in this case is sedating. The injured worker has chronic pain with no evidence of prescribing for flare-ups. The quantity prescribed implies long-term use, not for a short period of use for acute pain. No reports show any specific and significant improvement in pain or function as a result of prescribing muscle relaxants. Per the MTUS chronic pain medical treatment guidelines, cyclobenzaprine (Flexeril, fexmid) is a skeletal muscle relaxant and a central nervous system depressant. It is recommended as an option for a short course of therapy, with greatest effect in the first four days of treatment. Guidelines state that treatment should be brief. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. The addition of cyclobenzaprine to other agents is not recommended. Limited, mixed evidence does not allow for a recommendation for chronic use. Due to length of use not in accordance with the guidelines, the request for flexeril is not medically necessary.

Neurontin (Gabapentin) 600 mg 3 times a day #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti epilepsy drugs Page(s): 17-18.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anticonvulsants Page(s): 16-22.

Decision rationale: This injured worker has been prescribed gabapentin for at least 10 months for chronic back and shoulder pain. Per the MTUS, anti-epilepsy drugs (AEDs) are recommended for neuropathic pain due to nerve damage. Gabapentin has been shown to be effective for treatment of diabetic neuropathy and postherpetic neuralgia and has been considered a first line treatment for neuropathic pain. The MTUS notes the lack of evidence for treatment of radiculopathy (the apparent reason for the prescription per the treating physician). A "good" response to the use of AEDs is defined as a 50% reduction in pain and a "moderate" response as

a 30% reduction. Lack of at least a 30% response per the MTUS would warrant a switch to a different first line agent or combination therapy. After initiation of treatment, there should be documentation of pain relief with improvement in function, and documentation of any side effects, with continued use of AEDs dependent on improved outcomes versus tolerability of adverse effects. There was no documentation of significant pain relief or functional improvement as a result of use of gabapentin. There was no change in work restrictions, and the injured worker was noted to be not working. Antiepileptic drugs (AEDs) are associated with teratogenicity and should be used with caution in women of childbearing age. There is no evidence that the treating physician has discussed this with this reproductive age female; there was no evidence for informed consent to use a reproductive hazard. Due to lack of indication, lack of functional improvement or improvement in pain, and potential for teratogenicity, the request for gabapentin is not medically necessary.

Voltaren XR (Diclofenac Sodium ER) 100mg 1 tablet by mouth once a day #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: This injured worker has chronic back and shoulder pain. She has been prescribed NSAIDs for at least 10 months and possibly as long as two years. She was initially treated with naprosyn, with prescription of Voltaren in February 2015. Per the MTUS, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second line treatment after acetaminophen for treatment of acute exacerbations of chronic back pain. The MTUS does not specifically reference the use of NSAIDs for long-term treatment of chronic pain in other specific body parts. NSAIDs are noted to have adverse effects including gastrointestinal side effects and increased cardiovascular risk; besides these well-documented side effects of NSAIDs, NSAIDs have been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. NSAIDs can increase blood pressure and may cause fluid retention, edema, and congestive heart failure; all NSAIDs are relatively contraindicated in patients with renal insufficiency, congestive heart failure, or volume excess. They are recommended at the lowest dose for the shortest possible period in patients with moderate to severe pain. The MTUS does not recommend chronic NSAIDs for low back pain; NSAIDs should be used for the short term only. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. No blood pressure readings or laboratory tests were submitted. There was no documentation of functional improvement as a result of use of NSAIDs. The injured worker was noted to have work restrictions and was noted to be not currently working. There was no documentation of decrease in medication use, increase in activities of daily living, or decrease in frequency of office visits as a result of use of NSAIDs. Due to length of use in excess of the guidelines, lack of functional improvement and potential for toxicity, the request for voltaren is not medically necessary.

Omeprazole 20mg 1 tablet by mouth once a day #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

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

Decision rationale: This injured worker has been prescribed voltaren XR, a non-steroidal anti-inflammatory medication (NSAID), and omeprazole, a proton pump inhibitor (PPI). Per the MTUS, co-therapy with a non-steroidal 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). None of these risk factors were present for this injured worker. Long-term proton pump inhibitor (PPI) use (> 1 year) has been shown to increase the risk of hip fracture. The documentation indicates this injured worker has been prescribed omeprazole for at least 10 months. A history of GERD as a result of NSAID use was noted; however, 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. No GI evaluation was described. Empiric treatment after minimal evaluation is not indicated. Due to lack of specific indication, the request for omeprazole is not medically necessary.