

<b>Case Number:</b>	CM15-0095776		
<b>Date Assigned:</b>	05/22/2015	<b>Date of Injury:</b>	03/06/2013
<b>Decision Date:</b>	06/26/2015	<b>UR Denial Date:</b>	04/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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: 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:

This 52 year old female sustained an industrial injury on 3/6/13. She subsequently reported neck pain. Diagnoses include neck sprain/ strain, cervical disc injury, cervical radiculopathy and C5-C6 disc protrusion. Treatments to date include MRI and x-ray testing, physical therapy, chiropractic care, acupuncture and prescription pain medications. The injured worker continues to experience shoulder, upper neck, and upper back and left arm pain. Upon examination, tenderness was noted over the cervical spine, cervical and thoracic paravertebrals and trapezia. Decreased and painful cervical range of motion, mild limitation of thoracic range of motion, decreased sensation of the left C6 distribution, mild weakness of the left elbow, mild depression of the left biceps reflex and decreased left grip strength was noted. A request for MRI (magnetic resonance imaging) Cervical Spine, repeat, Protonix, Naprosyn and Cyclobenzaprine was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine (Flexeril) 10 mg QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain); Cyclobenzaprine (Flexeril) Page(s): 63, 64, 41 and 42.

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

**Decision rationale:** The requested Cyclobenzaprine (Flexeril) 10 mg QTY 60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has shoulder, upper neck, and upper back and left arm pain. Upon examination, tenderness was noted over the cervical spine, cervical and thoracic paravertebrals and trapezia. Decreased and painful cervical range of motion, mild limitation of thoracic range of motion, decreased sensation of the left C6 distribution, mild weakness of the left elbow, mild depression of the left biceps reflex and decreased left grip strength was noted. The treating physician has not documented duration of treatment, spasticity or hypertonicity on exam, intolerance to NSAID treatment, or objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Cyclobenzaprine (Flexeril) 10 mg QTY 60 is not medically necessary.

**Protonix 20 mg Qty 30:** Upheld

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

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

**Decision rationale:** The requested Protonix 20 mg QTY 30 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule 2009, Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms & cardiovascular risk, pages 68-69, note that "Clinicians should weigh 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)" and recommend proton-pump inhibitors for patients taking NSAID's with documented GI distress symptoms and/or the above-referenced GI risk factors. The injured worker has shoulder, upper neck, and upper back and left arm pain. Upon examination, tenderness was noted over the cervical spine, cervical and thoracic paravertebrals and trapezia. Decreased and painful cervical range of motion, mild limitation of thoracic range of motion, decreased sensation of the left C6 distribution, mild weakness of the left elbow, mild depression of the left biceps reflex and decreased left grip strength was noted. The treating physician has not documented medication-induced GI complaints or GI risk factors, or objective evidence of derived functional improvement from previous use. The criteria noted above not having been met, Protonix 20 mg QTY 30 is not medically necessary.

**Naprosyn 550 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Naprosyn 550 mg QTY 60 is not medically necessary. California's Division of Worker's Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, page 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker has shoulder, upper neck, and upper back and left arm pain. Upon examination, tenderness was noted over the cervical spine, cervical and thoracic paravertebrals and trapezia. Decreased and painful cervical range of motion, mild limitation of thoracic range of motion, decreased sensation of the left C6 distribution, mild weakness of the left elbow, mild depression of the left biceps reflex and decreased left grip strength was noted. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naprosyn 550 mg QTY 60 is not medically necessary.

**MRI (magnetic resonance imaging) Cervical Spine, repeat:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Neck & Upper Back (Acute & Chronic) - Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178 and 179.

**Decision rationale:** The requested MRI (magnetic resonance imaging) Cervical Spine, repeat, is not medically necessary. CA MTUS, ACOEM 2nd Edition, 2004, Chapter 8, Neck and Upper Back Complaints, Special Studies and Diagnostic and Therapeutic Considerations, Pages 178-179, recommend imaging studies of the cervical spine with "Unequivocal objective findings that identify specific nerve compromise on the neurological examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option". The injured worker has shoulder, upper neck, and upper back and left arm pain. Upon examination, tenderness was noted over the cervical spine, cervical and thoracic paravertebrals and trapezia. Decreased and painful cervical range of motion, mild limitation of thoracic range of motion, decreased sensation of the left C6 distribution, mild weakness of the left elbow, mild depression of the left biceps reflex and decreased left grip strength was noted. The treating physician has not documented evidence of an acute clinical change since the previous imaging study. The criteria noted above not having been met, MRI (magnetic resonance imaging) Cervical Spine, repeat is not medically necessary.