

<b>Case Number:</b>	CM15-0097726		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/01/2015
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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, Hawaii  
 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 38-year-old male who sustained an industrial injury on 1/1/2015 resulting in cervical pain radiating to bilateral upper extremities including weakness, numbing and tingling, and chest wall pain. He is diagnosed with neck sprain, cervical radiculopathy, and chest wall muscle strain. Treatment has included physical therapy from which he reported good relief; trigger point injections of the cervical trapezius muscle with no reported relief; and, medication, including Lidoderm, Ultram, and Cyclobenzaprine with pain relief. The injured worker continues to present with neck and upper back pain. The treating physician's plan of care includes Cyclobenzaprine 5 mg, and Pepcid 20 mg. He is presently working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 5mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

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

**Decision rationale:** The patient presents with chronic cervical pain. The current request is for Cyclobenzaprine 5mg #60. The treating physician report dated 4/6/15 (107c) states, "He continues to take his medications PRN. We will continue the following muscle relaxant medication: Flexeril 10mg PO BID PRN. We will continue GI prophylaxis with a proton pump inhibitor to decrease the risk of GI upset and irritation. We will prescribe the following anti-inflammatory medication: Motrin." The MTUS guidelines support the usage of Cyclobenzaprine for a short course of therapy, not longer than 2-3 weeks. The records indicate the patient has been using Flexeril for an extended period of time. There is no documentation of recent exacerbation and physical examination findings, which suggest muscle spasm. There is also no discussion that the medication has provided functional improvement. The current request is not medically necessary as this medication is being prescribed for long-term usage.

**Pepcid 20mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** The patient presents with chronic cervical pain. The current request is for Pepcid 20mg #60. The treating physician report dated 4/6/15 (107c) states, "He continues to take his medications PRN. We will continue the following muscle relaxant medication: Flexeril 10mg PO BID PRN. We will continue GI prophylaxis with a proton pump inhibitor to decrease the risk of GI upset and irritation. We will prescribe the following anti-inflammatory medication: Motrin." The MTUS Guidelines Pg 68-69 under NSAIDs, GI symptoms & cardiovascular risk, for Treatment of dyspepsia secondary to NSAID therapy states: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. Also, 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. The patient has been taking NSAIDs on a long-term basis, but the treating physician does not document dyspepsia or GI issues. Routine prophylactic use of PPI without documentation of gastric issues is not supported by the guidelines without GI-risk assessment. This current request is not medically necessary.