

<b>Case Number:</b>	CM15-0099185		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	06/17/2004
<b>Decision Date:</b>	07/01/2015	<b>UR Denial Date:</b>	05/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/22/2015

### 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, Pain Management

### 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 male, who sustained an industrial injury on June 17, 2004. The injured worker's initial complaints and diagnoses are not included in the provided documentation. The injured worker was diagnosed as having low back pain, pain in joint lower leg, foot pain, and hand pain. Diagnostic studies were not included in the provided medical records. Treatment to date has included a soft right wrist brace, a home exercise program, and medications including oral pain, topical pain, anti-epilepsy, muscle relaxant, antidepressant, histamine 2 blocker, oral non-steroidal anti-inflammatory, and topical non-steroidal anti-inflammatory. On April 2, 2015, the injured worker complains of a lower backache and decreased activity level. His pain level is 6/10 with medications. The physical exam revealed a slowed and antalgic gait, restricted lumbar flexion and extension due to pain, and spasm, tenderness, and tight muscle band of the bilateral paravertebral muscles. The right side sitting straight leg raise testing was positive at 60 degrees. The motor testing, which was limited due pain, revealed 5-/5 strength of the right extensor hallucis longus, right ankle dorsi flexor, and right ankle plantar flexor. The right hand exam revealed snuff box swelling with full flexion and extension of all fingers at the metacarpophalangeal, distal interphalangeal and proximal interphalangeal joints. There was painful range of motion and tenderness to palpation over the proximal interphalangeal joint of the thumb, index finger, and middle finger. There was restricted range of motion of the right knee, medial joint line tenderness, and 1+ effusion of the knee. The right ankle was swollen with Achilles tendon tenderness, and pain with weight bearing. The right foot was deformed and swollen with restricted flexion range of motion at the

metatarsophalangeal joints of all toes, but normal inversion and eversion. There was tenderness to palpation over the dome and neck of the talus/navicular and a negative Thompson's test. There was decreased sensation of the right lateral calf and normal deep tendon reflexes of the bilateral lower extremities, except for the right ankle reflex was decreased. The treating physician notes reports gastrointestinal upset with his current non-steroidal anti-inflammatory medication. The injured worker is not currently working. The treatment plan includes the refilling of cyclobenzaprine and famotidine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Cyclobenzaprine 10mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

**Famotidine 20mg #30:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127.

**Decision rationale:** Regarding the request for famotidine (Pepcid), California MTUS states that H2 receptor antagonists are appropriate for the treatment of dyspepsia secondary to NSAID therapy. Within the documentation available for review, there is indication that the patient has complaints of dyspepsia secondary to NSAID use. In light of the above, the currently requested famotidine (Pepcid) is medically necessary.