

<b>Case Number:</b>	CM13-0013100		
<b>Date Assigned:</b>	03/26/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	06/10/2014	<b>UR Denial Date:</b>	07/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2013

### 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. The expert reviewer is Board Certified in Anesthesiology, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 40-year-old male injured on 04/14/12 due to an undisclosed mechanism of injury. Clinical documentation indicates, the patient's diagnosis as lumbar disc displacement without myelopathy. The patient is being treated for chronic neck, mid back, lower back, and knee pain. Previous utilization review dated 07/16/13, indicates the clinical note dated 06/13/13 reported complaints of lower back pain status post lumbar epidural steroid injection on 05/28/13. The patient reported 50% decrease in pain for three (3) days with an increase in pain in the lower back, thoracic, and cervical spine. The patient reported on 06/13/13, that his pain was 8/10 with medications. Low back pain radiates into the bilateral lower extremities with associated numbness and tingling that extends below the knee level and is aggravated with prolonged sitting. There are increased muscle spasms in the lower back, and intermittent neck pain shooting down the bilateral upper extremities. The documentation reveals the patient reported the prescribed Flexeril decreases his muscle spasms and he is able to tolerate work. Objective findings included the patient ambulates without assistance. Previous treatments consisted of medications, physical therapy, epidural steroid injections, and surgical intervention. There was no clinical documentation provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ONE (1) THORACIC EPIDURAL INJECTION BETWEEN 6/28/2013 AND 9/1/2013:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CORTICOSTEROID AND EPIDURAL INJECTIONS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION EPIDURAL STEROID INJECTIONS Page(s): 46.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate, epidural steroid injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. There must also be evidence that the patient was unresponsive to conservative treatment including exercises, physical methods, non-steroidal anti-inflammatory drugs (NSAIDs) and muscle relaxants. Repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. The clinical note dated 06/13/13, reported the patient's complaints of lower back pain status post lumbar epidural steroid injection on 05/28/13. The patient reported 50% decrease in pain for three (3) days with a subsequent increase in pain in the lower back, thoracic, and cervical spine. Therefore, the request for one (1) Thoracic Epidural Injection cannot be recommended as medically necessary, as the patient does not meet current guidelines.

**NINETY (90) CYCLOBENZAPRINE- FLEXERIL 7.5MG BETWEEN 6/28/2013 AND 9/1/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CYCLOBENZAPRINE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION CYCLOBENZAPRINE Page(s): 41.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the effectiveness appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the patient has utilized this medication for greater than one month; exceeding the two-to-four (2-4) week window for acute management. It is also indicated if being utilized for chronic flare-ups, Flexeril loses its effectiveness. Additionally, there is no subsequent documentation regarding the benefits associated with the use of cyclobenzaprine following initiation. As such, the medical necessity of ninety (90) Cyclobenzaprine- Flexeril 7.5mg cannot be established at this time.

**NINETY (90) NAPROXEN SODIUM- ANAPROX 550MG BETWEEN 6/28/2013 AND 9/1/2013: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION NAPROXEN.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION NSAIDS, SPECIFIC DRUG LIST & ADVERSE EFFECTS Page(s): 70.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. There was no clinical documentation submitted to establish the patient's current status and corroborate the necessity of the requested medications. As such, the request for ninety (90) Naproxen Sodium- Anaprox 550mg cannot be established as medically necessary.

**NINETY (90) TRAMADOL/APAP 37.5/325MG BETWEEN 6/28/2013 AND 9/1/2013:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TRAMADOL AND SECTION OPIOID USE.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS, CRITERIA FOR USE Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There was no clinical documentation submitted to establish the patient's current status and corroborate the necessity of the requested medications. As the clinical documentation provided for review, does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of ninety (90) Tramadol/APAP 37.5/325mg cannot be established at this time.

**THIRTY (30) TRAMADOL HCL EXTENDED RELEASE (ER) 150MG BETWEEN 6/28/2013 AND 9/1/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION TRAMADOL AND SECTION OPIOID USE..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION OPIOIDS, CRITERIA FOR USE Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There was no clinical documentation submitted to establish the patient's current status and corroborate the necessity of the requested medications. As the clinical documentation provided for review, does not support an appropriate evaluation for the continued use of narcotics as well as establish the effectiveness of narcotics, the medical necessity of 30 Tramadol HCL extended release (ER) 150mg cannot be established at this time.

**THIRTY (30) ULTRAM EXTENDED RELEASE (ER) 150MG BETWEEN 6/28/2013 AND 9/1/2013:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines SECTION - OPIOIDS, CRITERIA FOR USE Page(s): 77.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines indicate, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented visual analog scale (VAS) pain scores for this patient with or without medications. In addition, no recent opioid risk assessments regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. There was no clinical documentation submitted to establish the patient's current status and corroborate the necessity of the requested medications. As the clinical documentation provided for review, does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of 30 Ultram extended release (ER) 150mg cannot be established at this time.