

<b>Case Number:</b>	CM13-0014831		
<b>Date Assigned:</b>	10/03/2013	<b>Date of Injury:</b>	11/17/2009
<b>Decision Date:</b>	02/12/2014	<b>UR Denial Date:</b>	07/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiologist, and Pain Medicine, and is licensed to practice in Florida. 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 physician 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 injured worker who reported an injury on 11/17/2009. The patient is diagnosed with discogenic lumbar condition with radicular component, and sleep apnea. The patient was seen by [REDACTED] on 09/17/2013. The patient presented with 6/10 low back pain with medication. The patient also reported numbness and tingling in bilateral lower extremities, as well as back spasm. Physical examination revealed tenderness in the lower back upon palpation with ability to stand on heels and toes with discomfort. Treatment recommendations included continuation of current medication, including Prilosec, Flexeril, tramadol, and Medrox patches.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg, quantity 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63.

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

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations in patients

with chronic low back pain. However, they show no benefit beyond NSAIDs in pain and overall improvement. Cyclobenzaprine is not recommended for longer than 2 to 3 weeks. As per the clinical notes submitted, the patient has continuously utilized this medication. Despite the ongoing use, the patient continues to report high levels of pain with lower back spasm. Satisfactory response to treatment has not been indicated. The request for Flexeril 7.5mg, quantity 60, is not medically necessary and appropriate

**Prilosec 20mg, once to twice a day, quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** The California MTUS Guidelines state proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a non-selective NSAID. As per the clinical notes submitted, there is no indication of cardiovascular disease or increased risk factors for gastrointestinal events. The request for Prilosec 20mg, once to twice a day, quantity 60 is not medically necessary and appropriate.

**Tramadol ER 150mg, quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain and functional assessments should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the clinical notes submitted, the patient has continuously utilized opioid medication. Despite ongoing use, the patient continues to report high levels of pain, numbness and tingling in bilateral lower extremities, and lower back spasms. There is no indication of functional improvement upon physical examination. The request for Tramadol ER 150mg, quantity 60, is not medically necessary and appropriate

**Medrox Patches, quantity 20:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As per the clinical notes submitted, there is no evidence of neuropathic pain upon physical examination. Despite the ongoing use, the patient continues to report high levels of pain, numbness and tingling in bilateral lower extremities, and spasm. There is also no evidence of a failure to respond to oral antidepressants and anticonvulsants prior to initiation of a topical analgesic. Medrox Patches, quantity 20, is not medically necessary and appropriate.