

<b>Case Number:</b>	CM13-0018425		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	08/15/2008
<b>Decision Date:</b>	01/08/2014	<b>UR Denial Date:</b>	08/22/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### 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 Physical Medicine & Rehabilitation 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 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 49-year-old male who reported an injury on 08/15/2008. An Agreed Medical Examination dated 09/15/2011 and signed by [REDACTED] reported the patient complained of pain in his neck, with no radiating pain from the cervical region, with occasional numbness and tingling in the upper extremities in the morning, and with no weakness of the upper extremities. He is noted to complain of low back pain that was present all the time, with standing, walking, sitting, bending, twisting, pulling, pushing, and lifting increasing his pain. There was no radiating pain down his legs with no numbness, tingling, or weakness of the lower extremities. He reported his lumbosacral pain was 80% better since his low back surgery performed on 04/20/2011. He is noted to take medication and rest for relief of discomfort. The patient is noted to have had a history of an injury in 10/2005 to his low back while doing defensive training tactics, and he was noted at that time to have noticed numbness in his low back to his bilateral hips and down both legs to his feet. In 08/2008, while working for the same employer, the patient reported development of swelling in his left entire arm with pain to his bilateral shoulders as well. Later on in 10/2008, the patient reported he went down to the ground with a suspect and noticed an acute onset of pain in his neck and his lower back at that time. The patient is noted to have undergone a neck surgery in 04/2010 consisting of a disc replacement and fusion which reported it diminished his neck pain and took care of the pain in his bilateral shoulders and took care of the swelling in his left arm as well. He continued to complain of ongoing low back pain and on 04/22/2011 underwent a low back surgery which he reported diminished his back pain between 80% and 90%. The patient is noted to have been treated conservatively with physical therapy, and at that time the patient had reported an exacerbation of his low back pain while takin

## IMR ISSUES, DECISIONS AND RATIONALES

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

**A prescription for Tramadol Hydrochloride ER 150 mg, #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use for a therapeutic trial of opioids and recommenda.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 78/.

**Decision rationale:** The California MTUS Guidelines state ongoing management of opioid narcotic medications should include ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects, and pain assessment should include current pain, least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Guidelines also note that satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. As there is no recent clinical documentation submitted for review documenting the patient's subjective complaints, that the patient has been assessed for appropriate medication use or side effects, or that the patient has decreased pain, functional improvement, or improved quality of life with the use of the Tramadol, the requested Tramadol Hydrochloride ER 150 mg, #90 is not medically necessary or appropriate.

**A prescription for Cyclobenzaprine tablets 7.5mg, #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain.

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

**Decision rationale:** The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. As there is no documentation of the patient's current subjective complaints or physical examination findings indicating the patient has experienced an acute exacerbation of chronic low back pain, and as it appears that the patient has been taking the muscle relaxant on a long-term, routine basis, the requested cyclobenzaprine does not meet guideline recommendations and is therefore non-certified.

**A prescription for Omeprazole delayed-release capsules 20mg, #120: 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): 69.

**Decision rationale:** The California MTUS Guidelines recommend the use of proton pump inhibitors such as omeprazole for treatment of dyspepsia secondary to NSAID therapy. The patient is reported to be taking naproxen; however, there is no current clinical documentation submitted for review indicating that the patient has GI upset or dyspepsia secondary to his NSAID therapy. As such, the need for omeprazole cannot be established. Based on the above, the request for omeprazole is non-certified.

**A prescription for Naproxen Sodium Tablets 550 mg, #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** The California MTUS Guidelines recommend the use of non-steroidal anti-inflammatories for acute exacerbation of chronic low back pain as a second line treatment after acetaminophen or as an option for short-term symptomatic relief. As there is no current clinical documentation indicating that the patient had an exacerbation of his chronic low back pain and the patient appears to be taking the naproxen on a routine, ongoing, long-term basis, the requested naproxen does not meet guideline recommendations and is therefore non-certified.