

<b>Case Number:</b>	CM13-0033611		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	09/10/2009
<b>Decision Date:</b>	02/27/2014	<b>UR Denial Date:</b>	09/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2013

### 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 Anesthesiology 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 60-year-old female who reported an injury on September 10, 2009. The mechanism of injury was cumulative trauma related to the performance of job duties. Her initial course of treatment is unclear; however, it is noted that she has degenerative disc disease to the cervical spine, bilateral lateral epicondylitis, carpal tunnel syndrome, bilateral carpometacarpal (CMC) joint arthrosis, chronic low back pain, degenerative disc disease of the lumbar spine, herniated lumbar disc, bilateral knee patellofemoral pain syndrome, fibromyalgia, bilateral knee chondromalacia, metatarsalgia, Morton's neuroma, multilevel lumbar spondylosis, multilevel cervical spondylosis, adjustment disorder/somatoform disorder, depressive disorder/pain disorder, and insomnia. The patient has received extensive cognitive therapy, acupuncture, physical therapy, and maintains a home exercise program, which includes Pilates and aquatic therapy. The patient is also noted to have oral disorders to include myalgia of the mastication muscles, temporomandibular joint (TMJ), and bruxism. She also has a diagnosis of sleep apnea. The patient continues to have a heightened somatic focus with significant generalized pain complaints. In the most recent clinical note dated October 17, 2013, the patient was found to have positive muscle spasms in the cervical spine, upper extremity motor strength of 5/5, pain with range of motion performance, normal reflexes to the bilateral upper extremities and normal sensation. The patient was also found to have a normal gait, tenderness to the lumbar region, motor strength of 5/5 to the bilateral lower extremities, normal reflexes, pain with extension, and diminished sensation to the L4 nerve distribution on the right lower extremity. On examination of the bilateral shoulders, the patient was found to have a positive sternoclavicular dislocation on the right side. She was also noted to have tenderness over the bilateral epicondyles and an adduction contracture to the left wrist. She had a positive Tinel's, Phalen's, and median nerve compression test to the bilateral wrists, but did not have any decreased motor strength. At this

time, the patient was referred for a pain management consultation and was prescribed diclofenac and omeprazole for gastritis prophylaxis. A previous list of medications was provided in the October 03, 2013 clinical note and included Xanax 0.25 mg, 1 tablet twice daily as needed; Sentra AM; Sentra PM; and Theramine; no dosages and frequencies were provided.

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

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

#### **Diclofenac XR 100/30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-71.

**Decision rationale:** The California MTUS Guidelines recommend the use of nonsteroidal anti-inflammatory drugs to treat osteoarthritis and acute exacerbations of chronic pain. NSAIDs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. They should be initiated after a trial of acetaminophen has failed and are recommended only as an option for short-term symptomatic relief. The medical records submitted for review provide evidence that the patient has been utilizing diclofenac since at least August 2013. There was no documentation included in the clinical notes detailing the efficacy of this NSAID or any discussion of its side effects, nor was there a reason given for its prescription. As the patient has been utilizing this medication for well over 5 months, the guideline recommendations of short-term use are not met. There was also discussion that the patient is receiving cognitive therapy due to her multiple psychological issues; however, there was no discussion on whether or not the patient is currently receiving any medication management for her symptoms. Without a complete list of the patient's current medications, guideline compliance cannot be determined, as NSAIDs are not recommended for concurrent use with certain antidepressants. As such, the medical necessity of this request has not been established, and the request for Diclofenac XR 100/30 is non-certified.

#### **Omeprazole 20/30: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend the use of proton pump inhibitors for patients at high risk for gastrointestinal events. These risk factors include being over the age of 65; history of peptic ulcer, bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAIDs. There is no documentation provided in the medical records submitted that the patient exhibits any of these

risk factors. She is under the age of 65, there is no documented history of gastrointestinal events, there is not a complete list of current medications to indicate that she has concurrent use of aspirin, corticosteroids, or anticoagulants, and she is not on a high dose or multiple NSAIDs. As such, the guideline recommendations have not been met and the request for omeprazole 20/30 is non-certified.

**Tramadol ER 150/60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids to treat chronic pain. In the long-term management of opioid use, guidelines recommend that functional abilities be measured at 6-month intervals using a numerical scale or validated instrument, a thorough pain assessment be performed at each clinical visit, and medication compliance be monitored through the use of urine drug screens. In the documentation submitted for review, there were no records of consistent functional ability testing using a numerical scale or validated instrument, there were not any urine drug screen results, and there was not documentation of a thorough pain assessment performed at any clinical visit. A thorough pain assessment includes documenting the patient's current level of pain, the least amount of pain since last assessment, the patient's average pain level, the intensity of pain after taking the opioid, how long it takes for pain relief to begin, and how long the pain relief lasts. Without this objective information, medical necessity and medication efficacy cannot be determined. As such, the request for tramadol ER 150/60 is non-certified.

**Cyclobenzaprine 20/30:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines recommend the use of non-sedating muscle relaxants as a second line option for the short-term treatment of acute exacerbations of chronic pain. Cyclobenzaprine in particular, is an antispasmodic that is used to decrease muscle spasms in musculoskeletal conditions. However, this medication is not recommended for chronic use and should not be utilized for longer than 3 weeks. According to the medical records submitted for review, the patient has been utilizing cyclobenzaprine since at least August 23, 2013. This length of time clearly exceeds guideline recommendations of 3 weeks. As such, the request for cyclobenzaprine 20/30 is non-certified.