

<b>Case Number:</b>	CM13-0034181		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	08/26/2008
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 orthopedic surgery, and is licensed to practice in Louisiana and Texas. 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 52-year-old female who reported an injury on 08/26/2008. The mechanism of injury was not provided. The patient was noted to have an increased average level of pain of 8/10 to 9/10 with medications and 10/10 without medications. The patient was noted to have not received her medications times 3 months. The patient was noted to have a range of motion of the lumbar spine with moderate reduction secondary to pain. The patient's diagnoses were noted to include lumbar radiculopathy, status post lumbar fusion, cervical radiculopathy, fibromyalgia, and headaches, as well as chronic pain other. A request was made for medication refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium 550 mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66, 77.

**Decision rationale:** California MTUS guidelines indicate that Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time

consistent with the individual patient treatment goals. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, there was a lack of documentation indicating exceptional factors to warrant non-adherence to Guideline recommendations. (Given the above, the request for naproxen sodium 550 mg #120 is not medically necessary.)

**Omeprazole ODT 8 mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS Guidelines recommend treatment of dyspepsia with a PPI. The clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide documentation of signs and symptoms of dyspepsia. Given the above, the request for Omeprazole ODT 8 mg #60 is not medically necessary

**Cyclobenzaprine hydrochloride 7.5 mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** CA MTUS states that Cyclobenzaprine (Flexeril®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. The patient was noted to have myofascial tenderness and paraspinal muscle spasm. However, the clinical documentation submitted for review failed to provide the efficacy of the requested medication. Additionally, it failed to provide documentation of the necessity for long-term treatment. Given the above, the request for Cyclobenzaprine hydrochloride 7.5 mg #120 is not medically necessary.

**Sumatriptan Succinate 25 mg #18: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter, Triptans

**Decision rationale:** The Official Disability Guidelines recommend triptans for migraine sufferers. The clinical documentation submitted for review indicated the patient was prescribed a triptan for a headache. However, it failed to provide documentation the patient had migraine type or migraine headaches. Additionally, it failed to provide the efficacy of the requested medication. Given the above, the request for Sumatriptan Succinate 25 mg #18 is not medically necessary.

**Tramadol hydrochloride ER 150 mg #90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management page Page(s): 82, 93, 94, 113, and 78.

**Decision rationale:** CA MTUS states Central analgesics drugs such as Tramadol (Ultram<sup>®</sup>) are reported to be effective in managing neuropathic pain and it is not recommended as a first-line oral analgesic. California MTUS recommend that there should be documentation of the 4 A's for Ongoing Monitoring including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The clinical documentation submitted for review failed to provide documentation of the 4 A's for the medication. Additionally, there was a lack of documentation of exceptional factors to warrant non-adherence to Guideline recommendations. Given the above, the request for Tramadol hydrochloride ER 150 mg #90 is not medically necessary.

**Quazepam 15 mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepine Page(s): 24.

**Decision rationale:** California MTUS guidelines do not recommend Benzodiazepines for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks and the guidelines indicate that chronic benzodiazepines are the treatment of choice in very few conditions. The clinical documentation submitted for review indicated the patient was using this medication for sleep. However, there was a lack of documentation indicating the necessity for long-term use. Additionally, there was a lack of documentation of the efficacy of the requested medication. Given the above, the request for Quazepam 15 mg #30 is not medically necessary.