

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM13-0068721 |                              |            |
| <b>Date Assigned:</b> | 01/03/2014   | <b>Date of Injury:</b>       | 01/25/2012 |
| <b>Decision Date:</b> | 04/24/2014   | <b>UR Denial Date:</b>       | 12/06/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/20/2013 |

### 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 Occupational Medicine 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 applicant has filed a claim for chronic neck pain associated with an industrial injury of January 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid and non-opioid analgesics; muscle relaxants; facet joint injections; and extensive periods of time off of work, on total temporary disability. A clinical progress note of November 22, 2013 is notable for comments that the applicant reports low back and shoulder pain. The applicant exhibits tenderness, guarding, and spasm about the low back. Facet joint injections are endorsed. The applicant is issued a rather proscriptive 10-pound lifting limitation. It is acknowledged that the applicant's employer has been unable to accommodate this limitation and that she is therefore off of work, on total temporary disability. An earlier note of October 30, 2013 is again notable for comments that the applicant is off of work, on total temporary disability. The applicant underwent diagnostic facet medial branch block on that date. The applicant was described as having gained weight as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 550MG #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Drugs Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does note that anti-inflammatory medications such as Naprosyn do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, in this case, however, as with the other drugs, the applicant has used this particular agent chronically and has failed to derive any lasting benefit or functional improvement despite ongoing usage of the same. The applicant is off of work, on total temporary disability. The applicant remains highly reliant on multiple medications, facet joint injections, and other forms of medical treatment. All of the above, taken together, argue against any functional improvement achieved through ongoing usage of Naprosyn as defined by the parameters established in MTUS 9792.20f. Therefore, the request is not certified.

**TIZANIDINE 4MG #120:** Upheld

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

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

**Decision rationale:** While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does tepidly endorse off-label usage of tizanidine or Zanaflex in the management of spasticity for the low back pain reportedly present here, in this case, as with the other drug, the applicant has failed to achieve any lasting benefit or functional improvement despite ongoing usage of the same. The applicant remains off of work, on total temporary disability. The applicant's work status and work restrictions seemingly remain unchanged from visit to visit. The applicant remains highly reliant on various forms of medications and other medical treatments, such as facet injections. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of tizanidine. Therefore, the request is not certified, on Independent Medical Review.

**TRAMADOL ER 150MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** Tramadol is a synthetic opioid. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, none of the aforementioned criteria have seemingly been met. The applicant is off of work, on total temporary disability. The applicant's pain

complaints are seemingly heightened from visit to visit as opposed to reduced, despite ongoing tramadol usage. There is no evidence that the applicant's function has been ameliorated as a result of ongoing tramadol usage. Accordingly, the request is not certified, on Independent Medical Review.

**HYDROCODONE/APAP 10/325MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

**Decision rationale:** As with the request for extended-release tramadol, the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. There is no evidence that the applicant has achieved any lasting analgesia or improvement of function as a result of ongoing hydrocodone-acetaminophen usage. The recent progress notes referenced difficulty performing various activities and heightened pain complaints. Therefore, the request for hydrocodone- acetaminophen is not certified, on Independent Medical Review.

**OMEPRAZOLE 20MG #100: 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): 69.

**Decision rationale:** Page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of proton pump inhibitors such as omeprazole or Prilosec in the treatment of NSAID-induced dyspepsia. In this case, however, there is no mention of dyspepsia, reflux, and/or heartburn, either NSAID- induced or stand-alone on any recent progress note provided. Therefore, the request is not certified, on Independent Medical Review.