

<b>Case Number:</b>	CM14-0000139		
<b>Date Assigned:</b>	01/10/2014	<b>Date of Injury:</b>	10/14/2008
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2013

### 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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 14, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; muscle relaxants; and adjuvant medications. In a Utilization Review Report dated December 20, 2013, the claims administrator denied a request for extended release tramadol, denied a request for Norco, denied a request for Naprosyn, denied a request for Flexeril, denied a request for Protonix, approved a request for gabapentin, and denied a request for topical Methoderm. Documentation was, at times, quite incongruous. Gabapentin was approved without any discussion of medication efficacy, while many of the other medications were apparently denied on the grounds that they were not effective. The applicant's attorney subsequently appealed. A December 7, 2013 progress note was notable for comments that the applicant reported persistent low back pain, 9/10, radiating to the left leg. Pain was precipitated by various activities of daily living, including bending, lifting, twisting, standing, walking, getting in and out of cars, getting in and out of chairs, and/or lying down. The applicant was described as permanent and stationary and did not appear to be working. Spasms and limited range of motion are noted about the lumbar spine. The applicant's medications included tramadol extended release, Norco, Naprosyn, Flexeril, Protonix, Neurontin, topical compounded cream, and Methoderm. On December 30, 2013, the applicant again reported persistent, 8/10 low back pain, and reported difficulty performing even activities as basic as lifting, bending, twisting, prolonged sitting, and/or prolonged standing. The applicant's medications were not clearly stated on this occasion. The attending provider stated that he would wean the applicant off the tramadol, hydrocodone, and

Flexeril while continuing gabapentin. The attending provider stated that he would restart the medications after the weaning process if the applicant remains symptomatic.

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

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

#### **TRAMADOL ER 150 MG, #30: Upheld**

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

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved a result of the same. In this case, however, the applicant is seemingly off of work. The applicant does not appear to be working with permanent limitations in place. The applicant's pain levels remains on 8-9/10 range, despite ongoing medication usage. There have been no clear improvements in function achieved as a result of ongoing tramadol usage. Therefore, the request is not medically necessary.

#### **NORCO 2.5/325 MG, #60: Upheld**

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

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

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain generated as a result of the same. In this case, however, these criteria have not been met. The applicant is seemingly off of work with permanent limitations in place. The applicant's pain levels remain in 8-9/10 range, despite ongoing usage of Norco. There have been no clear improvements in function achieved as a result of ongoing Norco usage. In fact, the progress notes provided suggested that the applicant was having difficulty performing even basic activities of daily living, such as standing, walking, lifting, bending, etc. Continuing Norco, on balance, is not indicated. Therefore, the request is not medically necessary.

#### **NAPROXEN 550 MG, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory Medication topic Page(s): 22,7.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of anti-inflammatory medication such as Naprosyn as the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation was qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, there has been no such demonstration of medication efficacy despite ongoing Naprosyn usage. The applicant is seemingly off of work. The applicant has permanent work restrictions which remained in place, unchanged, from visit to visit. The applicant remains highly reliant and highly dependent on opioid such as Norco and tramadol. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Naprosyn usage. Therefore, the request for Naprosyn is not medically necessary.

**FLEXERIL 7.5 MG, #60:** Upheld

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

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

**Decision rationale:** As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic, adjuvant, and topical agents. Adding cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

**PROTONIX 20 MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Protonix to combat NSAID-induced dyspepsia, in this case, however, there was no mention of any active issues with reflux, heartburn, and/or dyspepsia on either of the recent progress notes provided. Therefore, the request for Protonix is not medically necessary.

**MENTHODERM CREAM, AS PRESCRIBED:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical topic Page(s): 7, 105.

**Decision rationale:** While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of salicylate topical such as Methoderm in the treatment of chronic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is seemingly off of work with unchanged permanent work restrictions in place. The applicant remains highly reliant and highly dependent on opioid therapy, including Norco and tramadol. All of the above, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Methoderm cream. Therefore, the request for Methoderm cream is not medically necessary.