

<b>Case Number:</b>	CM14-0001782		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	12/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 patient is a 64-year-old female patient with a date of injury of January 7, 2011. The November 5, 2013 progress note states that the patient had a lot of pain yesterday and went to the emergency room and was given an injection to her back. Complaint was low back pain radiating to the right leg. Examination revealed limited lumbar range of motion. A September 24, 2013 progress note indicates that the patient has sharp pain in the upper and low back radiating to the left leg. The patient was prescribed Omeprazole 20mg, Naproxen 550mg, Cyclobenzaprine 7.5mg, and Tramadol 325mg. A May 2, 2013 agreed medical evaluation (AME) identified that future medical care would include the use of analgesics as well as oral anti-inflammatories. The patient should have provision for injections and surgery

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **60 TABLETS OF ULTRAM, 50MG:**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 7981.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no indication of documented efficacy as evidenced by objective measures of pain relief or functional gains. In addition, there is no evidence of monitoring for adherence or compliance with urine drug screens or pain contracts. The request does not meet medical necessity

**60 TABLETS OF NAPROXEN, 550MG:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Page(s): 46.

**Decision rationale:** The California MTUS guidelines state that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or cardiovascular problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. The patient has previously been prescribed NSAID medication. However, there is no evidence of efficacy as indicated by measured outcomes of pain relief or functional gain, or that potential adverse effects (including renal damage or hypertension) are being monitored. The request is not medically necessary.

**60 CAPSULES OF PRILOSEC, 20MG:** Upheld

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

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

**Decision rationale:** The California MTUS Chronic Pain Treatment Guidelines state that proton-pump inhibitor (PPI) medications are recommended for patients with intermediate to high risk of GI complications or with GI symptoms. There is no documentation of GI symptoms or high risk of GI complications to support the request for Prilosec. Therefore, this request is not medically necessary.

**60 TABLETS OF FEXMID, 7.5MG:** 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 Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP); however, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Although there is repeated documentation of "provocation of muscle spasm with right bending", there is no evidence that this is related to acute exacerbations. In addition, there is no evidence of objective measures of efficacy with previous use. The request is therefore not medically necessary