

<b>Case Number:</b>	CM14-0010098		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	06/13/2012
<b>Decision Date:</b>	08/04/2014	<b>UR Denial Date:</b>	01/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Tennessee. 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:

This is a 57-year-old female with a 6/13/12 date of injury. The mechanism of injury was not noted. In a 2/12/14 progress note, the patient still had some residual symptomatology in the lumbar spine related to the retained symptomatic lumbar spine hardware. She was waiting for surgical authorization. Examination of the lumbar spine was unchanged, and tenderness at the lumbar paravertebral muscles, pain with terminal motion, and neurovascular status remained intact. She was status post L4 to S1 posterior lumbar interbody fusion with retained symptomatic lumbar spine hardware. Treatment to date included medication management, activity modification, aquatic therapy, and physical therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium 550mg #100:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic 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. In addition, the Official Disability Guidelines state that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. Naproxen was discontinued on 12/21/12 due to gastrointestinal side effects. In the progress notes reviewed, the patient continuously has complaints that Naproxen causes stomach upset and gastrointestinal discomfort. Guidelines do not support the use of a medication in the presence of side effects. Therefore, the request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

**Decision rationale:** According to page 41 of the California MTUS Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a postoperative use. The addition of cyclobenzaprine to other agents is not recommended. The patient has been on cyclobenzaprine since at least 6/18/12, if not earlier. In addition, previous UR decisions dated 11/12/13 and 1/13/14 modified the quantity of Cyclobenzaprine for weaning purposes. There is no discussion provided in the reports reviewed that the physician has addressed the issue of weaning the patient off this medication. Furthermore, there is no documentation of an acute exacerbation to this patient's pain. Therefore, the request is not medically necessary.

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

**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. There are UR decisions from 11/12/13 and 1/13/14 that support the weaning off of Tramadol for this patient. There is no documentation that the provider has addressed the recommendations for weaning. In the reports reviewed, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, it is documented that urine drug screens have been ordered to ensure the patient's medication compliance, but there is no discussion of the test

results, and the test results themselves were not provided for review. Therefore, the request is not medically necessary.