

<b>Case Number:</b>	CM14-0015423		
<b>Date Assigned:</b>	02/28/2014	<b>Date of Injury:</b>	12/24/2010
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2014

### 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 Orthopedic Surgeon, and is licensed to practice in 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 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 injured worker is a 38-year-old female injured on 12/24/11 due to an undisclosed mechanism of injury. Current diagnoses include hand pain, lumbar disc disorder, elbow pain, and status post left cubital tunnel release on 06/21/13. The clinical documentation indicates the injured worker complained of low back pain radiating to the bilateral lower extremities with numbness and tingling. Physical examination of the left upper extremity revealed pain with range of motion, positive Tinel's and Phalen's sign, lumbar spine examination revealed tenderness to mid and distal lumbar segment, pain with range of motion, seated nerve root is positive, dysesthesias at L5-S1 dermatomes. Medications included Cymbalta and Naprosyn. Prior treatments include TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, acupuncture, and medication management. The initial request for Cyclobenzaprine Hydrochloride tablet 7.5mg, quantity 120, Omeprazole, and Tramadol Hydrochloride were initially non-certified on 01/14/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZPRINE HYDROCHLORIDE TABLETS 7.5 MG QUANTITY 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:** As noted in the Chronic Pain Guidelines, Cyclobenzaprine is recommended as a second-line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, there is no indication in the documentation the injured worker suffered from spasm necessitating medication use. As such, the medical necessity of cyclobenzaprine hydrochloride tablets 7.5 mg quantity 120 cannot be established at this time.

**OMEPRAZOLE:** 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) Pain Chapter, Proton Pump Inhibitors

**Decision rationale:** As noted in the Official Disability Guidelines, proton pump inhibitors are indicated for patients at intermediate and high risk for gastrointestinal events with concurrent use of non-steroidal anti-inflammatory drug use. Risk factors for gastrointestinal events include age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; or high dose/multiple NSAID (non-steroidal antiinflammatory drug) (e.g., NSAID + low-dose ASA). There is no indication that the injured worker is at risk for gastrointestinal events requiring the use of proton pump inhibitors. Furthermore, long-term PPI use (less than > 1 year) has been shown to increase the risk of hip fracture. As such, the request for omeprazole cannot be established as medically necessary.

**TRAMADOL HYDROCHLORIDE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

**Decision rationale:** As noted in the Chronic Pain Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. There are no documented VAS (visual analog scale) pain scores for this injured worker with or without medications. In addition, no recent opioid risk assessments

regarding possible dependence or diversion were available for review. Moreover, there were no recent urine drug screen reports made available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the medical necessity of Tramadol Hydrochloride cannot be established at this time.