

<b>Case Number:</b>	CM14-0117305		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	11/20/1996
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/25/2014

### 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 Physical Medicine and Rehabilitation 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 injured worker is a 50-year-old female with a reported date of injury on 11/20/1996. The mechanism of injury was noted to be a lift and twist injury. Her diagnoses were noted to include chronic low back and right groin pain, history of L5-S1 fusion and facet arthropathy. Her previous treatments were noted to include surgery, medications, physical therapy, injections, and chiropractic treatment. The progress note dated 07/15/2014 revealed complaints of low back pain that radiated to the right lower extremity. The injured worker indicated that before her medications, her pain was 9/10, and after medications it was 4/10 to 5/10. The injured worker indicated medications allowed her to remain active and functional, and carry out activities of daily living such as cooking, cleaning, laundering, and self hygiene. The injured worker indicated the medications allowed her to take care of her child as well. The provider indicated that they had stopped narcotic medications for inconsistent urine drug screens, and they she understood nothing stronger than Tramadol ER would be used. The injured worker indicated the Zanaflex helped with myofascial back pain, the Prilosec helped to prevent gastrointestinal upset, and the Restoril helped significantly with sleep. Her medication regimen was noted to include Cymbalta 60 mg twice a day, tramadol ER 150 mg 2 to 3 times a day, Zanaflex 4 mg 2 to 3 times a day, Prilosec 20 mg daily, Restoril 30 mg at bedtime, Sanctura XR 60 mg 1 in the morning, and Voltaren gel. The physical examination revealed decreased range of motion to the lumbar spine with tenderness to the paraspinal muscles. The deep tendon reflexes were slightly decreased at 2+/3 on the right and 3/3 on the left of the patella and Achilles tendons. Sensation was intact with a positive straight leg raise. The Request for Authorization form dated 07/28/2014 was for Tramadol ER 3 times a day #150 for pain, Zanaflex 4 mg 3 times a day #180 for spasms, Prilosec 20 mg daily #60 for gastrointestinal upset, and Restoril 30 mg #60 for sleep.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Retrospective review of Zanaflex 4mg TID #180: Upheld**

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

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

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2012. The California Chronic Pain Medical Treatment Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration of time. Therefore, the continued use of this medication is not supported by the guidelines. As such, the retrospective request of Zanaflex 4mg TID #180 is not medically necessary.

### **Retrospective review of Prilosec 20mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and Cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2012. The California Chronic Pain Medical Treatment state clinicians should determine if the patient is at risk for gastrointestinal events which include age greater than 65 years; a history of peptic ulcer, gastrointestinal bleeding or perforation; concurrent use of aspirin, corticosteroids, and/or an anticoagulant; or a high dose/multiple NSAIDs. There is a lack of documentation regarding efficacy of this medication or medical findings consistent with gastrointestinal upset due to medications. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the Retrospective request for Prilosec 20mg #60 is not medically necessary.

### **Retrospective review of Restoril 30mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Insomnia

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2012. The California Chronic Pain Medical Treatment Guidelines do not recommend the use of benzodiazepines as treatment for patients with chronic pain for longer than 3 weeks due to a high risk of psychological and physiological dependency. The clinical documentation submitted for review does provide evidence that the injured worker has been on this medication for an extended duration time. Therefore, continued use would not be supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the retrospective review of Restoril 30 mg #60 is not medically necessary.

**Retrospective review of Tramadol ER 150mg TID #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 63,68, 77,.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The injured worker has been utilizing this medication since at least 08/2012, and has had inconsistent urine drug screens. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. The injured worker indicated her pain rated 9/10 before medications and 4/10 to 5/10 after medications. The injured worker indicated medications allowed her to remain active and functional, and carry out activities of daily living such as cooking, cleaning, laundering, self hygiene, and caring for a young child. The injured worker reported no side effects. The provider indicated he had stopped narcotic medications due to inconsistent urine drug screens, and that nothing stronger than tramadol ER would be used. The guidelines do not recommend long term utilization of opioid medications. Therefore, despite evidence of significant pain relief, improved functional status and lack of side effects, the ongoing use of opioid medications is not supported by the guidelines. Therefore, the retrospective review of Tramadol ER 150 mg TID #180 is not medically necessary.