

<b>Case Number:</b>	CM14-0124065		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/10/2002
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 & Rehabilitation, has a subspecialty in Sport Medicine and is licensed to practice in Georgia. 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 68 year old female who was injured on 05/10/2002. The mechanism of injury is unknown. Prior medication history included Ambien, Motrin, and Gabapentin. MRI report dated 03/11/2014 noted slight dextroscoliosis of the midthoracic spine. Mild midthoracic spondylosis with broad-based disc bulges at multiple levels measuring up to 3mm. No central spinal canal stenosis. Progress report dated 06/09/2014 stated the patient complained of back pain related to her work injury. She described her pain as sharp and burning. She reported the pain was aggravated with prolonged standing, stair climbing, bending, lifting, or carrying heavy objects. On exam, there were no objective findings submitted. The patient was diagnosed with degenerative disc disease of the cervical spine, spondylosis; degenerative disc disease of the thoracic spine and myofascial pain. A recommendation was made for a urine drug screening test. An authorization request was made for Tramadol 150 mg #30, Anaprox 550 mg.RFA dated 06/13/2014 documented a request for functional restoration program and Tramadol ER 150 mg. Prior utilization review dated 07/26/2014 stated the request for prescription for Ultracet 325mg-37.5mg #60 with 1 refill was not certified; 1 prescription for Flexeril 7.5mg #90 with 1 refill was denied as it is not supported for use longer than 3 weeks; 1 prescription for Prilosec 20 mg #60 with 2 refills was denied as there is no evidence to support the request in this case; 1 prescription for topical compound (A.R.T) Cyclobenzaprine cream was denied as there was lack of documented evidence to support the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription for Ultracet 325mg-37.5mg #60 with 1 refill: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-96.

**Decision rationale:** Ultracet is a combination of Tramadol, which is an opiate pain medication, and acetaminophen. The Medical Utilization Treatment Schedule (MTUS) Chronic Pain Medical Treatment Guidelines note that Tramadol can provide pain relief and improved function for up to three months, though the benefit is small. Use beyond three months is not currently supported. Opioids for chronic back pain can be efficacious, but use beyond 16-weeks is not clearly supported. MTUS notes that consideration of discontinuation of opiates should occur if there is no overall improvement in function. Conversely, opiates should be continued if there is evidence the patient has improved functioning and pain with use of opiate pain medication. The prior utilization review provided with the medical documents reviewed notes that the patient has been on Tramadol since at least June of 2012. It is unclear from the single provided progress note whether patient has noted significant improvement in pain or function, however the included utilization review indicates a lack of "meaningful and sustained improvement in pain and function." Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**1 prescription for Flexeril 7.5mg #90 with 1 refill: Upheld**

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

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

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) recommend non-sedating muscle relaxants with caution as a second-line option for the short-term treatment of acute exacerbations of chronic low-back pain. They may be effective in reducing pain and muscle tension, and increasing mobility. Of note, however, is that in most cases of low-back pain they show no greater efficacy than beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time. Cyclobenzaprine (Flexeril), is an antispasmodic muscle relaxant used to decrease muscle spasms. MTUS recommends cyclobenzaprine for a short course of therapy within the above outlined parameters. It is not recommended to be used for longer than 2-3 weeks. The medical records fail to document that the patient is experiencing an acute flare of her chronic symptoms. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**1 prescription for Prilosec 20 mg #60 with 2 refills: Overturned**

**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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation The Official Disability Guidelines (ODG).

**Decision rationale:** The Official Disability Guidelines (ODG) recommends proton pump inhibitors (PPIs), including omeprazole (Prilosec) in patients at risk for gastrointestinal (GI) events related to non-steroidal anti-inflammatory drug (NSAID) usage. The Medical Utilization Treatment Schedule (MTUS) notes that for patients at intermediate risk for GI events, a PPI should be used if a non-selective NSAID is prescribed. Risk factors for GI event include: 1) age > 65 years; 2) history of peptic ulcer GI bleeding, or perforation; 3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or 4) high dose/multiple NSAID (e.g., NSAID plus low-dose ASA). The medical documents provided list the following as current medications: Ambien, Motrin, gabapentin. Motrin, which is a trade-name for ibuprofen, is a non-selective NSAID. In review for possible risk factors, it is important to note that the patient's age, which at 68 years of age is greater than 65 years of age, puts her at increased risk for gastrointestinal events while taking non-selective NSAIDs according the risks outlined in the above cited article. Based on the MTUS guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.

**1 prescription for topical compound (A.R.T) Cyclobenzaprine cream: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Topical Analgesics.

**Decision rationale:** The Medical Utilization Treatment Schedule (MTUS) Chronic Pain Treatment Guidelines notes that topical analgesics are "largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." Many agents are compounded in combination for pain control including "NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor." There is "little to no research to support the use many of these agents." The MTUS guidelines also recommend that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS guidelines note specifically, regarding muscle relaxants other than Baclofen, that "There is no evidence for use of any other muscle relaxant as a topical product". The Official Disability Guidelines (ODG) notes that topical analgesics are largely experimental with few randomized controlled trials to determine efficacy or safety, and are primarily

recommended after failure of anticonvulsants and antidepressants. ODG also notes that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. ODG also notes that muscle relaxants.