

<b>Case Number:</b>	CM14-0132074		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	01/27/2012
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	07/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2014

### 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 Family Practice 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:

26 yr. old female claimant sustained a work injury on 1/27/12 involving the low back. She was diagnosed with lumbar strain with radicular symptoms and spondylosis. She had a normal EMG on 7/19/13. A prior MRI indicated disc protrusion of the L4-L5 region. A progress note on 6/19/14 indicated she had tenderness in bilateral lumbar facet joints, a positive straight leg raise and reduced range of motion of the lumbar spine. The treating physician requested a refill on Tramadol 50mg BID, Tizandine for muscle relaxation, Omeprazole for epigastria pain secondary to medication use, Gabapentin for neuropathic pain, and topical analgesic for pain relief in the lumbar region. A urine drug screen on that day did not show Tramadol or Tizandine in the screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TRAMADOL 50MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**Decision rationale:** According to the MTUS guideline, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic

and medication options (such as acetaminophen or NSAIDs). A limitation of current studies is that there are virtually no repeated dose analgesic trials for neuropathy secondary to lumbar radiculopathy. In this case, the length of time of prior Tramadol use is unknown. In addition, the urine screen suggests irregular use of Tramadol. Based on the guidelines and lack of supporting details in the clinical notes, the continued use of Tramadol is not medically necessary.

**TIZANIDINE 4-8MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MUSCLE RELAXANTS Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-67.

**Decision rationale:** According to the MTUS guidelines, Tizanidine (Zanaflex) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. Muscle relaxants are to be used with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In this case, the length of prior Zanaflex use is unknown. It is not labeled for low back pain. Long-term use is not indicated. The refill for Zanaflex as above is therefore not medically necessary.

**OMEPRAZOLE 20MG #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI SYMPTOMS AND CARDIOVASCULAR RISKS Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68-69.

**Decision rationale:** According to the MTUS guidelines, Omeprazole is a proton pump inhibitor that is to be used with NSAIDs for those with high risk of GI events such as bleeding, perforation, and concurrent anticoagulation/anti-platelet use. In this case, there is no documentation of GI events or antiplatelet use that would place the claimant at risk. Therefore, the continued use of Omeprazole is not medically necessary.

**GABAPENTIN 300MG:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI EPILEPSY DRUGS Page(s): 16-17.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 18.

**Decision rationale:** Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. In this case, the claimant does not have the state conditions approved for

Gabapentin use. Furthermore, the treatment duration was longer than recommended. Therefore this request is not medically necessary.

**COMPOUND ANALGESIC CREAM:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

**Decision rationale:** According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case the type of cream is unknown. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Based on the lack of details of the class of drug and the lack of evidence for use of topical analgesics, the topical cream is not medically necessary.