

<b>Case Number:</b>	CM14-0135969		
<b>Date Assigned:</b>	09/03/2014	<b>Date of Injury:</b>	09/13/2010
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Occupational Medicine 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:

According to the provided documents, this is a 28-year-old man injured on 9/13/10. Injury occurred when he fell off of the staircase for height of about 5 feet and landed on his buttocks. He developed pain in the buttock, left forearm, low back and bilateral legs. He has been treated with chiropractic sessions, physical therapy; he has had MRIs of the back and the neck, injections in the back. 8/12/14 Internal Medicine PQME documented current complaints of constant low back pain (graded 4-6/10) since the fall, neck pain since the fall (graded 5-6/10); leg pain off and on since the fall. A 5/1/13 PR-2, Occupational Medicine included objective findings of tenderness of the cervical and lumbar regions and spasms. Medications were tramadol 50 mg b.i.d., topiramate 50 mg b.i.d., cyclobenzaprine 7.5 mg at bedtime TENS was helpful for pain control. Occasional heartburn from medications. There is no mention of prescription of any non-steroidal anti-inflammatory medications. Patient was off of work. PR-2's of 2/13/14, 2/27/14, 3/19/14, 3/27/14, 4/3/14, 4/10/14 and documented pain levels which were between 4-5/10, continued use of tramadol, topiramate, omeprazole, Flexeril and TENS. Diagnoses were lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, cervical sprain/strain, cervical radiculitis and history of gastritis. There is evidence of the omeprazole being prescribed since 8/7/11 with progress reports after that indicating continued use. There is a 5/7/12 report indicating the patient was using topiramate 50 mg, Methoderm, tramadol and omeprazole. These medications are repeatedly listed in the subsequent reports as being provided. This review will address tramadol, topiramate, Flexeril, omeprazole, methadone cream and TENS patches. The TENS device has been documented as being used for greater than 90 days, methadone cream has been used repeatedly in the past, Omeprazole has being use chronically since 2011, tramadol and topiramate have been used since at least 2012 and Flexeril has been used for more than 90 days.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50mg #60 3 Refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Page(s): 74-75, 78-79.

**Decision rationale:** This is also known as Ultram. This is a short acting opioid formulation. For continued chronic use of opioids, MTUS guidelines recommend documenting what are described as the 4 domains or the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). These are not mentioned in the reports. MTUS guidelines recommend discontinuing opioids if there is no overall improvement in function. In this setting, there is no documentation of any improvement in function and the patient's pain levels and function have not improved despite use of this medication for over 2 years. Thus, based upon the evidence and the guidelines continued use of the tramadol is not medically necessary.

**Topiramate 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate (Topomax).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Definitions Page(s): 16-18; 21.

**Decision rationale:** This is an antiepileptic drug. This class of medications is recommended by MTUS guidelines for neuropathic pain which is pain due to nerve damage. There is a diagnosis of radiculitis but the majority of the patient's diagnoses are not neuropathic in origin including the degenerative disc disease of the spine, multiple sprains and strains and most recently the knee surgery. This specific drug in the class has actually failed to demonstrate efficacy in neuropathic pain of "central" etiology and is considered for use for neuropathic pain when other anticonvulsants fail. The records do not indicate whether the patient tried any other anticonvulsants prior to starting this one, but in over 2 years of use of this medication has failed to have a positive impact on the patient's pain or function. Thus, based upon the evidence and guidelines ongoing use of this medication is not supported in this

**Flexeril 7.5 MG #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64.

**Decision rationale:** Flexeril is a sedating muscle relaxant also known as cyclobenzaprine. MTUS guidelines specifically, only recommend this medication for a short course of therapy. Guidelines state that evidence does not allow for a recommendation for chronic use. The greatest effect is said to be within the 1st 4 days of treatment. Use longer than 2-3 weeks is not supported. The medical records clearly document the use of this medication is chronic. Furthermore there is no documentation of any objective functional benefit from the chronic use. There is no other rationale support chronic use either. Thus, based upon the evidence and the guidelines, this is not considered to be medically necessary.

**Omeprazole 20 MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.drugs.com/pro/omeprazole.html>.

**Decision rationale:** MTUS guidelines support use of omeprazole for concurrent use with non-steroidal anti-inflammatory medications for patients who are at increased risk for gastrointestinal side effects. This is a proton pump inhibitor that reduces stomach acid. This patient has not been prescribed anti-inflammatory medication in greater than 90 days and according to the medical reports has only used them sporadically for the past few years. The documentation shows that this patient has used this on an ongoing basis since 2011. This medication is not without its own risks. FDA prescribing information indicates that long-term use, over a year of omeprazole can result in atrophic gastritis, bacterial gastrointestinal illness, increased risk of osteoporosis related bone fracture, and hypomagnesemia. Despite long-term use, the patient continues to complain of occasional gastritis. Taking into consideration the evidence and guidelines, the use of this medication is not medically necessary.

**2 TENS Patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**Decision rationale:** TENS (transcutaneous electrical nerve stimulation) is recommended for neuropathic pain and complex regional pain syndrome, spasticity, multiple sclerosis, phantom limb pain as an adjunct to a program of functional restoration (such as work or regular participation in an independent home exercise program). As noted above, neuropathic pain is at best a small part of this patient's pain complaints. There is mention of provision of patches for

the unit and various reports over several months. Again, this patient has not shown any functional improvement with any of the treatment including the TENS unit. MTUS guidelines do not support ongoing use beyond a 30 day trial without evidence of functional benefit. Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.

**Menthoderm Cream 120 GM #2:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.physiciansproducts.net/product/menthoder/>.

**Decision rationale:** Use of this topical product has been off and on for several years. Per the website above, this contains methyl salicylate 15%/menthol 15%. Both identified as counterirritants. It is intended for temporary relief of minor aches and pains caused by arthritis, backache, sprains, and strains. There is no indication that this medication use in the past has resulted in any functional benefit or improvement. Furthermore, MTUS guidelines do not support proprietary use of any particular brand name preparation of methyl salicylate and menthol. This can be obtained in generic form at minimal cost over-the-counter. (i.e. generic Ben-Gay). Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.