

<b>Case Number:</b>	CM14-0150303		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/03/2002
<b>Decision Date:</b>	11/24/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/15/2014

### 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 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 medical records submitted reflect that the claimant is a 50 year old female who sustained a work injury on 6-3-02. On this date the claimant sustained an injury while lifting. The claimant has been treated with medications, and an anterior fusion on C5-C6. ER visit on 7-2-14 notes the claimant slipped on water on Friday and bruised and reported right thoracic and low back pain worse than usual. The claimant was provided with a diagnosis of contusion and was discharged in stable condition. On 7-15-14 the claimant was provided with L5-S1 transforaminal epidural steroid injection. Office visit on 7-25-14 notes the claimant has low back pain and left leg complaints. On exam, the claimant has wakens at left leg plantar flexors and dorsiflexor rated as 4+/5. ER visit on 9-5-14 notes the claimant presented with low back pain. She reported numbness and tingling in bilateral medial thighs. She requested pain medications. On exam, the claimant has normal range of motion, there was mild tenderness at L5. She was provided with a diagnosis of low back pain and was given a prescription for Soma.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO: Cyclobenzaprine 7.5mg QTY: 120.00 DOS: 7/30/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants; Cyclobenzaprine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle Relaxants

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Cyclobenzaprine

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG does not support the long term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. Additionally, ODG notes that Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. There is an absence in documentation noting muscle spasms. Therefore, the request is not medically necessary.

**RETRO: Hydrocodone/acetaminophen 2.5/325mg QTY: 120.00 DOS: 7/30/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/acetaminophen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - opioids

**Decision rationale:** Chronic Pain Medical Treatment Guidelines as well as ODG notes that ongoing use of opioids require ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning. Therefore, the request is not medically necessary.

**RETRO: Pantoprazole 20mg QTY: 60.00 DOS: 7/30/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines proton-pump inhibitors (PPIs); Pantoprazole.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms Page(s): 58.

**Decision rationale:** Chronic Pain Medical Treatment Guidelines notes that PPI are indicated for patients with intermediate or high risk for GI events. There is an absence in documentation

noting that this claimant has secondary GI effects due to the use of medications or that she is at an intermediate or high risk for GI events. Therefore, the request is not medically necessary.

**RETRO: Tramadol 150mg QTY: 60.00 DOS: 7/30/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - tramadol

**Decision rationale:** Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or functional improvement with this medication. Therefore, the request is not medically necessary.