

<b>Case Number:</b>	CM14-0153381		
<b>Date Assigned:</b>	10/10/2014	<b>Date of Injury:</b>	06/24/2010
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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 Internal Medicine and is licensed to practice in New York. 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 claimant is a 60 yo male with a history of an industrial injury on 06/24/2010. The mechanism of injury was not provided for review. His diagnoses include bilateral occipital headaches, chronic cervical radiculopathy, myofascial pain syndrome, s/p removal of a spinal cord stimulator and s/p cervical laminectomies and posterolateral fusion, left glenoid labral tear, and right knee meniscus tear s/p arthroscopic surgery. He complains of daily occipital headaches . On physical exam, there is tenderness in the posterior neck and palpable muscle tenderness over the levator scapula, trapezius, and rhomboids. Motor strength revealed bilateral upper extremities were within normal limits. Deep tendon reflexes were +2/+2 in the biceps, brachioradialis, and triceps bilaterally. Spurling's test was negative on the left, negative drop arm and negative Yergason's test. Treatment in addition to surgery has included Tramadol, Nexium, and Robaxin. The treating provider has requested Nexium 40mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 200mg #30:** 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 Page(s): 93, 94-96.

**Decision rationale:** The review of the medical documentation indicates that the requested medication, Tramadol 50 mg is not medically necessary and indicated for the treatment of the claimant's chronic pain condition. Per California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain with any opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation, there has been no documentation of the medication's pain relief effectiveness and no clear documentation that he has responded to ongoing opioid therapy. According to the California MTUS Guidelines there has to be, certain criteria followed including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. In addition, the documentation provided is lacking of California MTUS opioid compliance guidelines including risk assessment profile, attempts at weaning/tapering, updated urine drug screen, updated efficacy, and an updated signed patient contract between the provider and the claimant. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item is not established. The requested treatment is not medically necessary.

**Nexium 40mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk Page(s): 68.

**Decision rationale:** Per California MTUS 2009 Proton Pump Inhibitors are recommended for patients taking NSAIDs with documented GI distress symptoms or specific GI risk factors. There is no documentation indicating the patient has any symptoms or GI risk factors. GI risk factors include age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants or high dose/multiple NSAID. The claimant has no documented GI issues. Based on the available information provided for review, the medical necessity for Prilosec has not been established. The requested medication is not medically necessary.

**Robaxin 500mg #90:** Upheld

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

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

**Decision rationale:** Per the reviewed literature, muscle relaxants are not generally recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. The documentation indicates that there are palpable muscle spasms but there is no documentation of functional improvement from any previous use of this medication. Per CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.