

<b>Case Number:</b>	CM14-0165983		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	08/25/2010
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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 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:

The underlying date of injury in this case is 08/25/2010. Diagnoses include lumbar sprain, myofascial pain, and cervicalgia. By 07/03/2014, a PR-2 report reported the diagnoses of a lumbar sprain and myofascial pain. A request for multiple medications discuss general treatment guidelines but do not clearly discuss a specific rationale for these medications for this particular patient. The clinical portion of the PR-2 report from that date notes the patient had burning pain in the neck with guarding and tenderness to palpation and decreased cervical and lumbar motion. The plan was to request an epidural injection and cervical traction and to increase tramadol to three times per day. An initial physician review recommended non-certification of naproxen given the lack of documentation of objective functional deficit. Omeprazole was recommended for non-certification given the rationale that the patient was not at risk of NSAID gastritis given discontinuation of NSAID treatment. Topiramate was noted to be a second-line medication for neuropathic pain, and the record were not noted to have documented failure of a first-line treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60 DOS 8/11/14:** 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 Antiinflammatories Page(s): 22.

**Decision rationale:** The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications states that antiinflammatory medications are first-line treatment to reduce pain so activity and functional restoration can resume. A prior physician review stated that there was no specific objective documentation or functional benefit from this medication. The treatment guidelines do not specifically require explicit objective functional improvement such as for opioids or other medications with this substantial abuse potential. Patient reports of subjective pain relief outweighed by side effects are sufficient to meet the guidelines to continue the use of this medication. The request is medically necessary.

**Omeprazole 20mg #60 DOS 8/11/14:** 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 Antiinflammatories and GI Symptoms Page(s): 68.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications and gastrointestinal symptoms states that the clinician should determine if the patient is at risk for gastrointestinal events. A prior review indicated that this patient does not require this medication since there had been an adverse decision regarding naproxen. However, since I have certified naproxen and the medical records do outline a history of NSAID-induced gastritis, omeprazole would be supported by the treatment guidelines. The request is medically necessary.

**Tramadol/APAP 37.5/325mg (no quantity given) DOS 8/11/14:** Upheld

**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 Opioids Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids ongoing management, page 78, discusses the 4 A's of opioid management and recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These 4 A's of opioid management are not discussed. A rationale or indication or functional benefit to support ongoing tramadol use is not apparent. This request is not medically necessary.

**Tramadol 50 mg #90 DOS 8/11/14:** Upheld

**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 Opioids Ongoing Management Page(s): 78.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids ongoing management, page 78, discusses the 4 A's of opioid management and recommends ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. These 4 A's of opioid management are not discussed. A rationale or indication or functional benefit to support ongoing tramadol use is not apparent. This request is not medically necessary. It is also additionally unclear why tramadol is being requested twice for 08/11/2014, once individually and once in combination with APAP. For this reason the request is not medically necessary.

**Topiramate 100mg #60 DOS 8/11/14:** 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 Antiepileptic Medications Page(s): 18.

**Decision rationale:** An initial physician review noted that the medical records do not support a rationale to utilize this second line of medication rather than a first-line neuropathic pain medication. The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiepileptic medication, page 16, states that the choice of specific neuropathic pain medications will depend on the balance between effectiveness and adverse reaction. Thus, the guidelines do give a substantial degree of discretion to the treating physician in selecting a neuropathic pain medication and do not explicitly require such medications be tested in a particular order. I recommend this request be certified. This request is medically necessary.