

<b>Case Number:</b>	CM14-0169450		
<b>Date Assigned:</b>	10/17/2014	<b>Date of Injury:</b>	09/23/2011
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	09/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2014

### 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, has a subspecialty in Interventional Spine 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 patient is a 55 years old female with an injury date on 09/23/2011. Based on the 09/03/2014 progress report provided by [REDACTED], the diagnoses are: 1. Lower back pain, primary 2. Lumbar disc displacement. 3. Lumbar radiculopathy, right greater than left. According to this report, the patient complains of "persistent pain in the neck, lower back and left shoulder." Neck pain is rated at 7/10 that is constant and radiates to the left trapezius muscle. Lower back pain is rated at 5/10 and left shoulder pain is rated at 7/10, that is constant and the same, but it is more of the trapezius muscle. Per treating physician, Tramadol "helps her pain from 7/10 down to 1/10 and allows her to do more activities of daily living around the house." The pain is made worse with prolonged sitting, walking, and standing. Physical exam reveals tenderness at the cervical/lumbar region and shoulder. Lumbar range of motion is restricted with pain. The 08/05/2014 report indicates no change in the patient's pain scale. The 05/22/2014 report indicates the patient had a lumbar epidural steroid injection on 04/17/2014 with >50-60% relief. Patient states "she is now able to perform daily ADL of (showing, cooking, dressing)." There were no other significant findings noted on this report. The utilization review denied the request on 09/17/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 03/18/2014 to 09/03/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril (Cyclobenzaprine) HCL 5 mg, QTY: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines and (for pain) MTUS Muscle relaxants Page(s): 63, 64.

**Decision rationale:** According to the 09/03/2014 report by [REDACTED] this patient presents with "persistent pain in the neck, lower back and left shoulder." The treating physician is requesting Flexeril (Cyclobenzaprine) HCL 5mg Qty: 30 (1 tablet at night). For muscle relaxants for pain, the MTUS Guidelines page 63 state "Recommended non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility; however, in most LBP cases, they showed no benefit beyond NSAIDs and pain and overall improvement." A short course of muscle relaxant may be warranted for patient's reduction of pain and muscle spasms. Review of records indicates this patient has been prescribed this medication longer than the recommended 2-3 weeks. The treating physician is requesting Flexeril #30 and this medication was first noted in the 07/30/2014 report. Flexeril is not recommended for long term use. The treating physician does not mention that this is for a short-term use. Therefore, this request is not medically necessary.

**Prilosec (Omeprazole) 20 mg, QTY: 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) GI (Gastrointestina).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS PPI: NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** According to the 09/03/2014 report by [REDACTED] this patient presents with "persistent pain in the neck, lower back and left shoulder." Patient's current medications are Ultram, Prilosec, and Flexeril. The treating physician is requesting Prilosec (Omeprazcie) 20mg, Qty: 30 (2 daily). Prilosec was first mentioned in the 03/18/14 report; it is unknown exactly when the patient initially started taking this medication. The MTUS Guidelines state Prilosec is recommended for patients at risk for gastrointestinal events if used prophylactically for concurrent NSAIDs. MTUS requires proper GI assessment such as the age, concurrent use of anticoagulants, ASA, history of PUD, gastritis, etc. Review of report does not show that the patient has gastrointestinal side effects with medication use. Patient is currently not on NSAID. There is no discussion regarding GI assessment as required by MTUS. MTUS does not recommend routine use of GI prophylaxis without documentation of GI risk. In addition, the treating physician does not mention symptoms of gastritis, reflux or other condition that would require a PPI. Therefore, this request is not medically necessary.

**Ultram (Tramadol) 50 mg, QTY: 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines for chronic pain CRITERIA FOR USE OF OPIOIDS (MTUS pgs. 88, 89) CRITERIA FOR USE OF OPIOIDS Pag.

**Decision rationale:** According to the 09/03/2014 report by [REDACTED] this patient presents with "persistent pain in the neck, lower back and left shoulder." Neck pain is rated at 7/10, lower back pain is rated at 5/10, and left shoulder pain is rated at 7/10. The treating physician is requesting Ultram (Tramadol) 50mg, Qty: 60. Tramadol was first mentioned in the 05/22/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The treating physician states, Tramadol "helps her pain from 7/10 down to 1/10 and allows her to do more activities of daily living around the house." The 04/17 2014 report indicates the patient "is now able to perform daily ADL of (showing, cooking, dressing)." However, this was following an ESI. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain and a general statement regarding ADL's. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. There is no opiate monitoring such as urine toxicology. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.

**Diclofenac/Lidocaine 3%/5% topical, QTY: 180 gm: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 118, 117-119. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS chronic pain section Page(s): 111-113.

**Decision rationale:** According to the 09/03/2014 report by [REDACTED] this patient presents with "persistent pain in the neck, lower back and left shoulder." The treating physician is requesting Diclofenac / Lidocaine 3% / 5% topical Qty: 180gm. Regarding Topical Analgesics, MTUS guidelines states Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Lidocaine is only recommended in a patch formulation and not in a gel. Therefore, this request is not medically necessary.

**Kera-Tek Gel, QTY: 4 oz: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Capsaicin Page(s): 118-120. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG):

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines MTUS chronic pain section Page(s): 111-113.

**Decision rationale:** According to the 09/03/2014 report by [REDACTED] this patient presents with "persistent pain in the neck, lower back and left shoulder." The treating physician is requesting Kera- Tek Gel, Qty: 40oz. Keratek contains methyl salicylate. For salicylate, a topical NSAID, MTUS does allow it for peripheral joint arthritis/tendinitis problems. However, the patient does not present with peripheral joint arthritis/tendinitis problems to warrant a compound product with salicylate. Therefore, this request is not medically necessary.