

<b>Case Number:</b>	CM14-0023678		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/05/2011
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 55-year-old male with an injury reported on 12/05/2011. The mechanism of injury was not provided within the clinical notes. The clinical note dated 01/16/2014, reported that the injured worker complained of low back pain with residual right leg symptomatology. The physical examination of the lumbar spine revealed tenderness from the mid to distal lumbar segments. It was reported that the range of motion of the lumbosacral spine was decreased on all planes. It was also reported that there was tenderness to palpation in the paralumbar region with guarding. The injured worker's diagnoses included status post lumbar laminectomy at the L4-5 and L5-S1 with bilateral partial medial facetectomies, status post L4-S1 posterior lumbar interbody fusion, and rule out surgical thoracic discopathy. The provider requested cyclobenzaprine, omeprazole, tramadol, and Terocin patches. Clinical note dated 04/03/2014 indicated the provider's rationale for cyclobenzaprine was for the treatment of muscle spasms; omeprazole was for the treatment of GI symptoms; tramadol was for the treatment of acute severe pain; and Terocin patch as a topical analgesic for the treatment of mild to moderate acute or chronic aches and pains. The Request for Authorization was submitted on 02/24/2014. The injured worker's prior treatments included postoperative physical therapy. The injured worker's recent surgical procedure along with the amount of postoperative physical therapy sessions were not provided within the clinical notes.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HYDROCHLORIDE 7.5MG #120: 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 Cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** The request for cyclobenzaprine hydrochloride 7.5 mg #120 (one tablet by mouth every 8 hours as needed, not to exceed more than 3 per day) is non-certified. The injured worker complained of low back pain. The provider's rationale for cyclobenzaprine is for the treatment of muscle spasms. The CA MTUS guidelines recommend cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. There is a lack of clinical information provided documenting the efficacy of cyclobenzaprine as evidenced by decreased muscle spasms and significant objective functional improvements. There is a lack of clinical information provided indicating how long the injured worker has used cyclobenzaprine. The guidelines recommend cyclobenzaprine as a short course of therapy. As such, the request is non-certified.

**OMEPRAZOLE 20MG # 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal And Anti-Inflammatory), Gastrointestinal Symptoms & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The request for omeprazole delayed release capsules 20 mg #120 (one capsule by mouth every 12 hours as needed) is non-certified. The injured worker complained of low back pain. The provider's rationale for omeprazole is for the treatment of GI problems. The CA MTUS Guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term of PPI (> 1 year) which has been shown to increase the risk of hip fracture. There is a lack of clinical information provided indicating the injured worker had gastritis. There is a lack of documentation of NSAID side effects reported by the injured worker that would warrant the use of a proton pump inhibitor. Moreover, there is a lack of clinical information provided indicating how long the injured worker has used omeprazole. The guidelines identify increased risk of hip fracture with long term usage of PPIs. The injured worker also fails to fit the criteria of any significant risk for gastrointestinal bleeding or perforation. Therefore, the request is non-certified.

**TRAMADOL HYDROCHLORIDE ER 150MG # 90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 113.

**Decision rationale:** The request for tramadol hydrochloride extended release 150 mg #90 (one tablet once a day as needed for pain) is non-certified. The injured worker complained of low back pain. The provider requested tramadol for the treatment of acute severe pain. The CA MTUS guidelines recognize tramadol as a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is a lack of clinical information provided documenting the efficacy of tramadol as evidenced by decreased pain and significant objective functional improvements. Given the information provided, there is insufficient evidence to determine appropriateness to warrant medical necessity; as such, the request is non-certified.

**TEROCIN PATCH # 10:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The request for Terocin patch #10 is non-certified. The injured worker complained of low back pain. The provider's rationale for Terocin patch is for the treatment of mild to moderate acute or chronic aches or pains. According to the California MTUS Guidelines on topical analgesics having any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Terocin patch is a topical analgesic with the active ingredients of lidocaine 4% and menthol 4%. The combination of lidocaine with any other topical medication is not recommended per guidelines. Thus, the request is non-certified.