

<b>Case Number:</b>	CM14-0024106		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	05/22/2008
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	01/29/2014
<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 Preventative Medicine, has a subspecialty in Occupational Medicine, and is licensed to practice in Iowa. 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:

This patient is a 56 year old employee with date of injury of 5/2/2008. Medical records indicate the patient is undergoing treatment for right shoulder impingement, rule out rotator cuff pathology; lumbar discopathy; rule out internal derangement of bilateral knees and left ankle sprain with achilles tendinitis. Subjective complaints include low back pain aggravated by bending, lifting, twisting, sitting, standing, pushing, pulling and walking for multiple blocks. The pain radiates to the right greater than left lower extremities. Objective findings include tenderness along the lumbar spine from mid to distal segments; pain with terminal motion; seated nerve root test is positive; dysesthesia at L5 and S1 dermatomes on the right; tenderness at the right shoulder anteriorly and pain with terminal motion; tenderness at knee joint bilaterally and pain with terminal flexion; positive patellar compression test and positive McMurray's sign; tenderness along the anterolateral aspect of the left ankle and pain with terminal motion. Treatment has consisted of wearing lumbar support as needed for significant pain; Cyclobenzaprine Hydrochloride tablets; Omeprazole delayed-released capsules; Ondansetron Hydrochloride tablets and Medrox ointment. The utilization review determination was rendered on 1/29/2014 recommending non-certification of Cyclobenzaprine Hydrochloride 7.5 Mg #120; Omeprazole Delayed-Released Capsules 20 Mg #120; Tramadol Hydrochloride Er 150 Mg #90 and Terocin Patch #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**CYCLOBENZAPRINE HYDROCHLORIDE 7.5 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42, 60-61. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

**Decision rationale:** MTUS Chronic Pain medical Treatment states for Cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "Flexeril" also recommends "Do not use longer than 2-3 weeks". The medical documentation provided does not establish the need for long term/chronic usage of Flexeril, which MTUS guidelines advise against. As such the request for Flexeril 7.5mg quantity 120 is not medically necessary.

**OMEPRAZOLE DELAYED-RELEASED CAPSULES 20 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

**Decision rationale:** MTUS states "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." And "Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg Omeprazole daily) or Misoprostol (200 g four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture (adjusted odds ratio 1.44)." The medical documents provided do not establish the patient as

having documented GI bleeding/perforation/peptic ulcer or other GI risk factors as outlined in MTUS. As such, the request for Omeprazole 20mg quantity 120 is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93-94.

**Decision rationale:** MTUS states regarding Tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. As such, the request for Tramadol 150 mg #90 is not medically necessary.

**TEROCIN PATCH #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidoderm patches Page(s): 111, 56-57. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate.com, Lidocaine (topical).

**Decision rationale:** Terocin patch is topical pain patch that contains lidocaine and menthol. ODG states regarding lidocine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents provided do not document the patient as having post-herpetic neuralgia. Additionally, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. As such, the request for request for 1 prescription of Terocin patch #30 is not medically necessary.