

<b>Case Number:</b>	CM14-0025296		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/04/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	01/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 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 injured worker is a 52-year-old male with a reported date of injury on 04/04/2012. The injury reportedly occurred when the injured worker was carrying 15 pounds of charts, while turning towards the door he experienced pain in his lower back. His diagnoses were noted to include L5-S1 left-sided disc herniation with stenosis, annular tear, left lower extremity radiculopathy, insomnia, and gastrointestinal problems. His previous treatments were noted to include physical therapy, medications, a home exercise program, and injections. The medications were noted included naproxen 550 mg twice a day, cyclobenzaprine 7.5 at bedtime or twice a day for spasms, Norco 10/325 mg 1 three to four times a day for severe pain, tramadol ER 150 mg 1 to 2 daily, and omeprazole 20 mg twice a day for stomach upset. The progress note dated 09/24/2013 noted the thoracolumbar spine range of motion was flexion to 30 degrees, extension to 10 degrees, right/left lateral tilt was to 10 degrees, and right/left rotation was to 30 degrees. There were no muscle spasms noted and there was tenderness, left worse than right, to the L5-S1 bilaterally, as well as a negative straight leg raise. The neurological examination noted motor strength bilaterally 4/5 and sensation revealed global hip hypesthesia bilaterally to pinwheel, as well as deep tendon reflexes were 2+, brisk and symmetric bilaterally. The progress note dated 11/10/2013 reported the injured worker complained of constant lower back pain that had radiated into both lower extremities associated with tingling, numbness, weakness, and cramps. The injured worker reported his pain was 4/10 to 7/10 and had a 50% improvement with the first epidural steroid injection but a lack of improvement with the second injection. The injured worker complained of muscle spasms to the lower back and lower extremity. The physical examination showed midline tenderness extending from L2 to S1 and bilateral lumbar facet tenderness was noted to L4-5, L5-S1, and bilateral mild sacroiliac joint tenderness. The request for authorization form was not submitted within the medical records. The request is for

naproxen sodium 550 mg #100 and tramadol ER 150 mg #60. The provider's rationale was not submitted within the medical records. The request is for cyclobenzaprine 7.5 mg #60 for muscle spasms and hydrocodone/APAP 10-325 #160 for pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective request for Naproxen Sodium 550 mg #100: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-78, 70.

**Decision rationale:** The request for naproxen sodium 550 mg #100 is not medically necessary. The injured worker has been taking this medication since at least 12/12/2013. The California Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in injured workers with moderate to severe pain for osteoarthritis. The guidelines also state acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines also state there is no evidence to recommend 1 drug in this class over another based on efficacy. The guidelines state NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic back pain. In general, there is conflicting evidence that NSAIDs are more efficacious than acetaminophen for low back pain. The guidelines also state that NSAIDs are recommended as an option for short-term symptomatic relief for chronic low back pain. A review of the literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The guidelines suggest routine monitoring by recommending periodic lab monitoring of a CBC and a Chemistry Profile (including Liver and Renal function tests). There has been no recommendation to measure liver transaminases with 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. There is a lack of evidence on a numerical scale regarding efficacy of this medication. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, naproxen sodium 550 mg #100 is not medically necessary and appropriate.

#### **Cyclobenzaprine HCL 7.5 MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Page(s): 63-64.

**Decision rationale:** The request for Cyclobenzaprine HCL 7.5 mg #60 is not medically necessary. The injured worker has been taking this medication since at least 06/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in injured workers with chronic low back pain. The guidelines state muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The guidelines state that Flexeril is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. There was not a recent, adequate, and complete assessment of the lumbar spine regarding muscle spasms submitted within the medical records. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, Cyclobenzaprine HCL 7.5 mg #60 is not medically necessary and appropriate.

**Hydrocodone-APAP 10-325 #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The request for hydrocodone/APAP 10-325 #60 is not medically necessary. The injured worker has been taking this medication since at least 06/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of functional improvement such as increased activities of daily living with the use of medications. There were no side effects reported, as well as the documentation did not indicate whether or not there were any apparent drug-taking behaviors. There is a lack of documentation regarding a consistent urine drug screen and when the last test was performed. Therefore, due to the lack of evidence regarding significant pain relief, improved functional status, side effects, as well as drug-taking behaviors concurrent with a recent urine drug screening, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for hydrocodone/APAP 10/325 #60 is not medically necessary and appropriate.

**Tramadol HCL extended release (ER) 150 MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

**Decision rationale:** The request for Tramadol HCL ER 150 mg #60 is not medically necessary. The injured worker has been taking this medication since at least 06/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors should be addressed. There is a lack of documentation regarding decreased pain on a numerical scale, as well as a lack of documentation regarding increased functional status such as improved activities of daily living. There is also a lack of documentation regarding side effects, as well as aberrant drug-taking behavior with a consistent urine drug screen and when the last test was performed. Therefore, due to a lack of evidence regarding significant pain relief, increased function, adverse effects, and without details regarding urine drug screen testing to verify appropriate medication use and the absence of aberrant drug-taking behavior, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request for Tramadol HCL ER 150 mg #60 is not medically necessary and appropriate.