

<b>Case Number:</b>	CM14-0035843		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	05/30/2013
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2014

### 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 & Oklahoma. 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 42-year-old female who reported an injury on 05/30/2013. The mechanism of injury was not provided within the documentation. The injured worker was noted to have prior treatments of physical therapy, corticosteroid injections, and medications. The injured worker's diagnoses are noted to be cervical disc protrusion, cervical muscle spasm, lumbar disc protrusion, lumbosacral sprain/strain, right shoulder pain, right shoulder sprain/strain, supraspinatus/infraspinatus tendinitis, partial thickness tear of the distal supraspinatus tendon, and left lateral epicondylitis. A physician's progress report on 05/30/2014 indicated the injured worker had complaints of pain in the neck, low back, left shoulder, left elbow, and loss of sleep due to pain. The objective findings included painful range of motion to the cervical spine and tenderness to palpation of the cervical paravertebral muscles, muscle spasm of the cervical paravertebral muscles, cervical compression caused pain bilaterally, and cervical distraction caused pain bilaterally. Lumbar spine range of motion was noted to be decreased and painful. There was tenderness to palpation of the lumbar paravertebral muscles with muscle spasm of the lumbar paravertebral muscles. There was decreased and painful range of motion to the right shoulder with tenderness to palpation of the anterior shoulder, including muscle spasm of the anterior shoulder. Range of motion of the left elbow was painful with tenderness to palpation over the anterior elbow, including muscle spasm of the volar forearm. The treatment plan was to order 12 sessions of spinal decompression for the lumbar spine and a referral for pain management. The provider's rationale for the medications submitted was not provided within the documentation. Request for Authorization for Medical Treatment for the medications submitted for review was not provided within the documentation.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Pantoprazole Sodium 20 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms Page(s): 68-69.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend a proton pump inhibitor when patients use NSAID therapy and are at an intermediate or high risk for gastrointestinal events with no cardiovascular disease. The injured worker did not have an NSAID medication listed in the most recent physician's progress report. There was no documentation to support gastrointestinal events. If the injured worker has been using this medication it is not noted if there is any efficacy or side effects. In addition, the request fails to indicate a frequency. Therefore, the request for Pantoprazole Sodium 20 mg #60 is not medically necessary.

**Cyclobenzaprine 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine Page(s): 41, 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-66.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines recommend cyclobenzaprine 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. Treatment should be brief. Cyclobenzaprine treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. The guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time, and prolonged use of some muscle relaxants may lead to dependence. This medication is not recommended to be used for longer than 2 weeks to 3 weeks. The clinical evaluation does not include cyclobenzaprine in the treatment plan or indicate how long the injured worker has used it and if there was efficacy. In fact, the progress report does not indicate the injured worker on medications at all. The request for cyclobenzaprine should have not only a frequency, but duration of short term therapy. Therefore, the request for Cyclobenzaprine 7.5 mg #90 is not medically necessary.

**Tramadol 150 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Chronic Pain Medical Treatment Guidelines provide 4 domains that are relevant for ongoing monitoring of chronic pain in patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The clinical documentation should include pain relief, functional status, appropriate medication use, and side effects. Pain assessments should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The evaluation and progress report dated 05/30/2014 does not provide an adequate pain assessment. The request for tramadol fails to indicate a frequency. Therefore, the request for Tramadol 150 mg #60 is not medically necessary.