

<b>Case Number:</b>	CM14-0037273		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Family Medicine and is licensed to practice in North Carolina. 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 48-year-old with a reported date of injury of 09/21/2011. The patient has the diagnoses of lumbar radiculopathy and neuritis, lumbago, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbar or lumbosacral disc, lumbar facet joint syndrome, myalgia, annular tear at L4-5, and bilateral neuroforaminal stenosis at L2-3, L3-4, L4-5, L5-S1 and retrolisthesis at L5-S1. Treatment modalities have included epidural injections, pain management consultation, acupuncture and medications. The most recent progress reports provided by the primary treating physician dated 04/17/2014 are partially illegible but indicate the patient noting lumbosacral pain with radiation to bilateral feet. Physical exam showed tenderness to palpation in the lumbosacral region with paraspinal spasms and decreased range of motion. Treatment plan consisted of functional capacity evaluation, continued medication, urine drug test, and orthopedic referral.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Eight Acupuncture Sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The MTUS Acupuncture Treatment Guidelines state that for the use of acupuncture treatment for chronic pain recommend a frequency of 1-3 times per week for a period of 1-2 months. Functional improvement should be achieved within 3-6 treatments. The provided documentation shows the patient has been receiving treatment for greater than 2 months without any documentation of clear functional improvement due to the treatment. Therefore, the request for eight acupuncture sessions is not medically necessary and appropriate.

**One Prescription of Cyclobenzaprine 7.5 MG Quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The California MTUS makes the following recommendations for the use of muscle relaxants in the setting of chronic pain: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP 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. (Homik, 2004) In regards to Flexeril: Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. This patient has been prescribed the medication for routine, chronic maintenance use, which is outside of the guidelines and thus cannot be certified for continued use.

**One Prescription Of Omeprazole 20 MG Quantity 30:** 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): 67-69.

**Decision rationale:** The California MTUS makes provisions for the chronic use of proton pump inhibitors in the following setting: "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). Patients at high risk for gastrointestinal events with no cardiovascular disease: A Cox-2 selective agent plus a PPI if absolutely necessary." In this case, the patient does not meet these criteria and thus the medication is not supported for continued use. The request

for one prescription of Omeprazole 20 mg, quantity 30 is not medically necessary and appropriate.

**Tramadol 50 MG Quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-90.

**Decision rationale:** The California MTUS recommends the continued use of opioids in the setting of chronic pain as followed: "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or no 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. (Passim, 2000) Continuation of the medication is recommended if the patient has returned to work or if the patient has improved functioning or pain." In this case, the documentation states the patient's pain improved with epidural injections but makes no mention of improved pain or function due to the tramadol. For these reasons, the request for Tramadol 50 mg quantity 60 is not medically necessary and appropriate.