

<b>Case Number:</b>	CM14-0038418		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	10/15/2012
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	03/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 41 year old with an injury date on 10/15/12. Patient complains of continued lumbar pain per 3/12/14 report. Patient is currently taking Norco/Ultram for pain, Flexeril for spasm, and Naprosyn and Prilosec for inflammation per 3/12/14 report. Patient has pain in bilateral legs posteriorly and some numbness/tingling in toes one, two, and three of both feet per 11/13/13 report. Based on the 3/12/14 progress report provided by [REDACTED], the diagnoses are: 1. Lumbosacral strain 2. Mild spondylosis 3. Facet arthropathy at L5-S14. Bilateral sciatica Exam on 3/12/14 showed "L-spine range of motion allows for 45 degrees of flexion. Previous range of motion was better. Extension is 20 degrees and lateral bending is 30 degrees bilaterally. Straight leg raise is negative. Neurologic exam of the lower extremities is intact with regard to motor strength, sensation and deep tendon reflexes." [REDACTED] is requesting TENS unit, Hydrocodone/APAP 2.5/325mg #60, Tramadol ER 150mg #60, Cyclobenzaprine 7.5mg #60, Naproxen Sodium 550mg #60, and Omeprazole 20mg #60. The utilization review determination being challenged is dated 3/25/14 and rejects Naproxen, Hydrocodone/APAP, Tramadol, Cyclobenzaprine, and Omeprazole. [REDACTED] is the requesting provider, and he provided treatment reports from 1/22/13 to 3/12/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TENS unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for a TENS unit on 3/12/14. Review of the report shows no prior use of a TENS unit. Regarding TENS units, MTUS Guidelines allow a one month home based trial accompanied by documentation of improvement in pain/function for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple sclerosis. In this case, the treater has asked for TENS unit; the request progress report does not state whether it's for purchase or rental. Due to a lack of specificity of the request, a TENS unit is not medically necessary.

**Hydrocodone/APAP 2.5/325mg #60 as prescribed on 3/12/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for hydrocodone/APAP 2.5/325mg #60 on 3/12/14. For chronic opioids use, MTUS Guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Hydrocodone. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request for Hydrocodone/APAP 2.5/325mg #60 is not medically necessary.

**Tramadol ER 150mg #60 as prescribed on 03/12/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol; Opioids for neuropathic pain Page(s): 113; 82.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for Tramadol ER 150mg #60 on 3/12/14. For chronic opioids use, MTUS Guidelines require specific documentation regarding pain and function, including: least reported pain over period since last assessment; average pain; intensity of pain after taking opioid; how long it takes for pain relief; how long pain relief lasts. Furthermore, MTUS requires the 4 A's for ongoing

monitoring including analgesia, ADL's, adverse side effects, and aberrant drug-seeking behavior. Review of the included reports does not discuss opiates management. There are no discussions of the four A's and no discussion regarding pain and function related to the use of Tramadol. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, the request for Tramadol ER 150mg #60 is not medically necessary.

**Cyclobenzaprine 7.5mg #60 as prescribed on 03/12/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Flexeril; Muscle relaxants (for pain) Page(s): 41-42; 63-66.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for Cyclobenzaprine 7.5mg #60 on 3/12/14. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. The request for Cyclobenzaprine 7.5mg #60 is not medically necessary.

**Naproxen Sodium 550mg #60 as prescribed on 3/12/2014: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60-61;22;67-68.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for Naproxen Sodium 550mg #60 on 3/12/14. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient suffers from chronic lower back pain. The requested Naproxen Sodium 550mg #60 is supported by MTUS Guidelines and reasonable for this type of condition. Request for Naproxen Sodium 550mg #60 is medically necessary.

**Omeprazole 20mg #60 as prescribed on 03/12/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** This patient presents with lower back pain. The treater has asked for Omeprazole 20mg #60 on 3/12/14. Regarding Prilosec, MTUS does not recommend routine prophylactic use along with NSAID. GI risk assessment must be provided. Current list of medications do not include an NSAID. There is no documentation of any GI issues such as GERD, Gastritis or PUD. The treater does not explain why this medication needs to be continued other than for presumed stomach upset. MTUS does not support prophylactic use of PPI without GI assessment. The patient currently has no documented stomach issues. The request for Omeprazole 20mg #60 is not medically necessary.