

<b>Case Number:</b>	CM14-0048501		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	02/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/28/2014

### 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 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 who reported an injury on 12/03/2012 secondary to a fall. The current diagnoses include discogenic lumbar condition, hip joint inflammation, groin hernia bilaterally, internal derangement of the knee, and element of sleep, stress, anxiety, depression, and sexual dysfunction. The injured worker was initially evaluated on 02/18/2014 with complaints of persistent pain. Previous conservative treatment includes medication management, sacroiliac joint injections, physical therapy, and facet injections. The medication regimen at that time included Vicodin 7.5/300 mg, tramadol ER 150 mg, Protonix 20 mg, Flexeril 7.5 mg, and naproxen 550 mg. Physical examination at that time revealed tenderness along the paraspinal muscles bilaterally, an antalgic gait, and limited lumbar range of motion. Treatment recommendations included continuation of the current medication regimen and electrodiagnostic studies. A request for authorization form was submitted on 02/19/2014 for Vicodin, Protonix, tramadol ER, Flexeril, and naproxen sodium. The injured worker was recently evaluated on 07/31/2014 with complaints of persistent pain in the lower back, right and left hip, and left knee. It was noted that an MRI of the bilateral hips revealed groin hernias. An MRI of the lumbar spine indicated a disc protrusion at L3-4 and L4-5. The injured worker was currently utilizing a TENS unit, hot/cold wrap, and knee brace. Physical examination on that date revealed tenderness along the groin on the left side. Treatment recommendations included continuation of the current medication regimen, an enhanced MRI of the left hip, a physiatry referral, a general surgeon referral, and a left knee cortisone injection.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Vicodin 7.5/300mg, qty 60 (DOS 02/18/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 09/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Retrospective request for Tramadol ER 150mg, qty 60 (DOS 02/18/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 09/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Retrospective request for Flexeril 7.5mg, qty 60 (DOS 02/18/14): Upheld**

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as nonsedating second-line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. There is no documentation of palpable muscle spasm or spasticity upon physical examination. Therefore, the medical necessity has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Retrospective request for Naproxen Sodium 550mg, qty 60 (DOS 02/18/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. There was no documentation of an acute exacerbation of chronic pain. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Pain management for injection: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of epidural steroid injections. Decision based on Non-MTUS Citation Chronic Pain Disorder medical Treatment Guidelines, State of Colorado Department of Labor and Employment, 4/27/2007, pg 56.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state a referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the documentation submitted, the injured worker has been previously treated with sacroiliac joint injections, as well as facet joint injections. The specific type of injection was not listed in the request. The medical necessity for an additional pain management consultation has not been established. As such, the request is not medically necessary.

**Vicodin 7.5/300mg, qty 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has continuously utilized this medication since 09/2013 without any evidence of objective functional improvement. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Flexeril 7.5mg, qty 60:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. There is no documentation of palpable muscle spasm or spasticity upon physical examination. Therefore, the medical necessity has not been established. There is also no frequency listed in the request. As such, the request is not medically necessary.

**Naproxen Sodium 550mg, qty 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

**Decision rationale:** California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second-line option after acetaminophen. There was no documentation of an acute exacerbation of chronic pain. There is also no frequency listed in the request. As such, the request is not medically necessary.