

<b>Case Number:</b>	CM14-0048637		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	06/30/1999
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/17/2014
<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 Geriatrics, and is licensed to practice in New York. 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 53 year old woman with a date of injury of 6/30/99. She was seen by her primary treating physician on 2/24/14 with complaints of 9/10 back and bilateral leg pain. Her review of systems was unchanged from prior visits. Her physical exam showed a mildly antalgic gait, well healed lumbar wound with some muscle spasm noted, reduced range of motion and intact neurovascular status. Her diagnoses included L5-S1 fusion with residual right radiculopathy and right knee internal derangement status post right total knee arthroplasty. She was using medications on an as needed basis. She was to start a course of physical therapy. The physician documented long-term use of norco has been effective for her pain but has caused GI upset and omeprazole was prescribed. At issue in this review are the prescriptions for norco, glucosamine/chondroitin, omeprazole, tizanidine and ultram.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Glucosamine/Chondroitin #120 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Glucosamine( and Chondroitin sulfate) Page(s): 50.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines the MTUS page 50 Page(s): 50.

**Decision rationale:** Glucosamine is recommended as an option given its low risk, in patients with moderate arthritis pain, especially for knee osteoarthritis. Studies have demonstrated a highly significant efficacy for crystalline glucosamine sulphate (GS) on all outcomes, including joint space narrowing, pain, mobility, safety, and response to treatment, but similar studies are lacking for glucosamine hydrochloride. In this injured worker, the complaint is for back pain and not knee osteoarthritis and she is status-post knee arthroplasty. The records do not substantiate the medical necessity of glucosamine #120 with 3 refills.

**Norco 10/325mg #60 with 3 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

**Decision rationale:** This 53-year-old injured worker has chronic back pain with an injury sustained in 1999. Her medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics. In opioids use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/14 fails to document any improvement in pain or functional to justify long-term use. Additionally, the long-term efficacy of Opioids for chronic back pain is unclear but appears limited and side effects of GI upset are documented. The norco 10/325mg #60 with 3 refills is not medically necessary.

**Omeprazole 20mg #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pages 68-69.

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

**Decision rationale:** This worker has chronic back pain. Her medical course has included surgery and use of several medications including opioids which cause GI upset. Prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events to justify medical necessity of omeprazole.

**Tizanidine 4mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pages 63-66 Muscle Relaxants Page(s): 66.

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

**Decision rationale:** This injured worker has chronic back pain with an injury sustained in 1999. Her medical course has included numerous treatment modalities including surgery and long-term use of several medications including narcotics. Non-sedating muscle relaxants are recommended for use 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 can lead to dependence. The MD visit of 2/14 documents spasm but does not indicate other more conservative modalities to trial first prior to cyclobenzaprine. The medical necessity is not supported in the records. Therefore, the request is not medically necessary.

**Ultram 50mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, pages 80-84.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines pages 80-84 Page(s): 84-94.

**Decision rationale:** Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. A recent Cochrane review found that this drug decreased pain intensity, produced symptom relief and improved function for a time period of up to three months but the benefits were small (a 12% decrease in pain intensity from baseline).. There are no long-term studies to allow for recommendations for longer than three months. The MD visit fails to document any improvement in pain, functional status or side effects to justify long-term use. The tramadol is denied as not medically necessary.