

<b>Case Number:</b>	CM14-0050421		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	03/08/2012
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/17/2014
<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 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 37-year-old male who reported injury on 03/08/2012. The injured worker's medication history included muscle relaxants, opiates, NSAIDs, and PPIs as of 08/2013. The injured worker was undergoing urine drug screens. The documentation of 02/20/2014 revealed the injured worker had low back pain with right lower extremity symptoms. The pain was 7/10. The documentation indicated the injured worker had maintenance of his activities of daily living with medication at current dosing, including grocery shopping, household duties, bathing, grooming, and preparation of food and cooking. It was documented the injured worker had a decrease to 4/10 to 5/10 from 7/10 pain. It was indicated the injured worker had improvement including greater range of motion and greater tolerance of activities and exercise. The injured worker denied side effects with hydrocodone and tramadol. The documentation further indicated that the use of an NSAID resulted in 2 to 3 diminution of the pain component. The injured worker had improved range of motion with the NSAID. The injured worker further indicated that he had GI upset without a PPI. With daily and twice a day dosing, the injured worker had GI upset. However, with 3 times a day dosing, the injured worker did not. Further documentation indicated the injured worker was utilizing cyclobenzaprine 3 times a day and had a significant decrease in spasms for an average of 5 hours with improved range of motion and resultant decrease in pain. The objective findings revealed spasms of the lumbar paraspinal musculature. The diagnoses included lumbar secondary to L4-5 and L5-S1 protrusion treatment, and disproportionate neurological findings in the bilateral lower extremities. The treatment plan included an EMG and NCV of the bilateral lower extremities, physical therapy, and medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol ER 150 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60;78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, documentation the injured worker is being monitored for aberrant drug behavior, and side effects. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 6 months. There was documentation of the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol ER 150 mg #60 is not medically necessary.

**Hydrocodone/APAP 7.5/650 mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; ongoing management Page(s): 60;78.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, documentation the injured worker is being monitored for aberrant drug behavior, and side effects. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 6 months. There was documentation of the above criteria. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for hydrocodone/APAP 7.5/650 #60 is not medically necessary.

**Naproxen Sodium 550 mg #90: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines indicate that NSAIDs are recommended for the short-term symptomatic relief of low back pain. There should be documentation of

objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review met the above criteria. There was documentation the injured worker had been utilizing this classification of medications for greater than 6 months. However, the request as submitted failed to indicate the frequency of the requested medication. Given the above, the request for naproxen sodium 550 mg #90 is not medically necessary.

**Pantoprazole 20 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

**Decision rationale:** The California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had relief from dyspepsia with 3 times a day dosing, and the clinical documentation indicated the injured worker had been utilizing the medication for greater than 6 months. However, the request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole 20 mg #90 is not medically necessary.

**Cyclobenzaprine 7.5 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available).

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

**Decision rationale:** The California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for greater than 6 months. There was documentation the injured worker had objective improvement. However, there was a lack of documentation indicating a necessity for exceeding guideline recommendations. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for cyclobenzaprine 7.5 mg #90 is not medically necessary.