

<b>Case Number:</b>	CM14-0062939		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	08/06/2001
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Texas. 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 57-year-old male who was injured on August 06, 2001. The mechanism of injury is unknown. There were no toxicology reports available for review. Progress report dated March 10, 2014 documented the patient to have complaints of cervical spine pain with associated numbness and tingling. Objective findings on exam revealed cervical spine tenderness of the paraspinals. There is decreased range of motion with pain and stiffness. He has a positive Spurling's test and tenderness of the lumbar paraspinals. He has been recommended to continue the medications listed below. There is no documented history of the medications providing functional improvement or the efficacy of these medications. Prior utilization review dated April 25, 2014 states the request for Retrospective request for Docusate Sodium 100mg #60 DOS: 3/10/14; Retrospective request for Quazepam 15mg #6 DOS: 3/10/14; Retrospective request for Cyclobenzaprine 7.5mg #120 DOS :3/10/14; Retrospective request for Hydrocodone Bit/Acetaminophen 10/325mg #120 with 1 refill DOS: 3/10/14; Retrospective request for Omeprazole DR 20mg #90 DOS: 3/10/14; Retrospective request for Tramadol HCL 150mg #90 DOS: 3/10/14; Retrospective request for topical compound Cyclobenzaprine 10%/ Tramadol 10% 15gm DOS: 3/10/14 are denied.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Docusate Sodium (100mg, #60, DOS: 3/10/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Management of constipation, Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51p. (44 references)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation website Drugs.com (<http://www.drugs.com/mtm/docusate-oral-rectal.html>).

**Decision rationale:** Current medical literature reflects that this medication is used to treat occasional constipation. There is an absence in documentation noting that this claimant has secondary constipation due to the use of medications. Therefore, the medical necessity of this request is not established.

**Retrospective request for Quazepam (15mg, #6, DOS: 3/10/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines and Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - benzodiazepines

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines reflect that benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. There is an absence in documentation noting that this claimant has a diagnosis or a condition that would support exceeding current treatment guidelines or that there are extenuating circumstances to support the long term use of this medication. Therefore, the medical necessity of this request is not established.

**Retrospective request for Cyclobenzaprine (7.5mg, #120, DOS: 3/10/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - muscle relaxants

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines does not support the long-term use of muscle relaxants. There are no extenuating circumstances to support the long term use of this medication in this case. There is an absence in documentation noting muscle spasms. Therefore, the medical necessity of this request is not established

**Retrospective request for Hydrocodone Bit/Acetaminophen (10/325mg, #120, with 1 refill DOS: 3/10/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids and Weaning of medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - opioids

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines notes that ongoing use of opioids require 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 nonadherent) 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). There is an absence in documentation noting that the claimant has functional improvement with this medication. Quantification of improvement, if any, or any documentation that this medication improves psychosocial functioning. Therefore, the medical necessity of this request is not established.

**Retrospective request for Tramadol HCL (150mg, #90, DOS: 3/10/14): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System. Gastroesophageal reflux disease (GERD). Ann Arbor (MI): University of Michigan Health System; 2012 May. 12p. (11 references)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that he requires opioids at this time. Therefore, the medical necessity of this request is not established.

**Retrospective request for Tramadol HCL 150mg #90 DOS:3/10/14: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter -Tramadol

**Decision rationale:** Chronic Pain Medical Treatment Guidelines reflect that Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. There is an absence in documentation noting the claimant has failed first line of treatment or that he requires opioids at this juncture. Therefore, the medical necessity of this request is not established.

**Retrospective request for Topical Compound (Cyclobenzaprine 10% and Tramadol 10%, 15gm, DOS: 3/10/14):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - topical analgesics

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Therefore the medical necessity of this request is not established.

**Topical Compound (Cyclobenzaprine 10% and Tramadol 10%, 60gm tube):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter - topical analgesics

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines as well as the Official Disability Guidelines reflect that these medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is an absence in documentation noting that this claimant cannot tolerate oral medications or that he has failed first line of treatment. Therefore, the medical necessity of this request is not established.