

<b>Case Number:</b>	CM14-0066423		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	05/27/2012
<b>Decision Date:</b>	11/05/2014	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Illinois. 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 55-year-old male who reported injuries due to a slip and backwards fall on 05/27/2012. On 12/10/2013, his diagnoses included musculoligamentous sprain/strain of the lumbar spine, musculoligamentous sprain/strain of the cervical spine, degenerative disc disease, diabetes mellitus, and lumbar radiculopathy. On 03/10/2014, in a hand written note that was difficult to read, his complaints included cervical spine pain rated 8/10, thoracic and lumbar spine rated 7/10, and left elbow pain rated 5/10. His pain was reduced with medications and acupuncture. In the treatment plan, a box marked "pharmacy" was checked with a note that says "see attached medication list," but no medication list was attached to the submitted documentation. There was no rationale or Request for Authorization included in this injured worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The California MTUS Guidelines recommend NSAIDs at the lowest possible dose for the shortest period of time in patients with moderate to severe osteoarthritis pain. The guidelines further state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. For chronic low back pain, NSAIDs are recommended as an option for short term symptomatic relief. Literature on drug relief for low back pain, suggests that NSAIDs are no more effective than acetaminophen, narcotic analgesics, and muscle relaxants. It is unclear from the submitted documentation how long this injured worker has been taking naproxen. There was no submitted documentation of the functional improvements or quantified pain reduction derived from the use of this medication. Additionally, the request did not specify a frequency of administration. Therefore, this request for Naproxen 550mg #60 is not medically necessary.

**Omeprazole 20mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms and Cardiovascular risk Page(s): Pages 68-69.

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

**Decision rationale:** The California MTUS Guidelines suggest that proton pump inhibitors, which include omeprazole, may be recommended but clinicians should weigh the indications for NSAIDs against GI risk factors. Those factors determining if a patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant, or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. This injured worker did not have any of the above diagnoses, nor did he meet any of the qualifying criteria for risks for gastrointestinal events. Additionally, the request did not specify frequency of administration. Therefore, this request for Omeprazole 20mg #30 is not medically necessary.

**Tramadol 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

**Decision rationale:** The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants, and/or anticonvulsants. There was no documentation in the submitted chart regarding appropriate long term monitoring/evaluations,

including side effects, failed trials of NSAIDs, aspirin, antidepressants, or anticonvulsants, quantified efficacy, or drug screens. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Additionally, there was no frequency specified in the request. Therefore, this request for Tramadol 150mg #30 is not medically necessary.

**Cyclobenzaprine 7.5mg #90: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time. Cyclobenzaprine is recommended for a short course of therapy. Limited evidence does not allow for a recommendation for chronic use. It is a skeletal muscle relaxant and a central nervous system depressant. It is not recommended to be used for longer than 2 to 3 weeks. It was unclear from this submitted documentation how long this injured worker had been using cyclobenzaprine. There was no documentation of decreased pain or increased functional benefit with use of this medication. Additionally, the request did not specify the frequency of administration. Therefore, this request for Cyclobenzaprine 7.5mg #90 is not medically necessary.