

<b>Case Number:</b>	CM14-0166257		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	07/31/2012
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	09/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 40 year old male, who sustained an industrial injury on 7/31/12. The injured worker has complaints of low back pain aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing and walking multiple blocks. The pain is dull and radiates into the lower extremities. The diagnoses have included shoulder region disc and lumbago. According to the utilization review performed on 9/12/14, the requested Fenoprofen Calcium (Nalfon) 400mg, #120; Omeprazole DR 20mg, #120; Cyclobenzaprine HCL 7.5mg, #120 and Tramadol HCL ER 150mg, #90 has been non-certified. CA MTUS, Chronic Pain Medical Treatment Guidelines note specific recommendations for Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), muscle relaxants are recommended in certain situations, use for a therapeutic trial of opioid, ACOEM, Official Disability Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen Calcium (Nalfon) 400mg, #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication Page(s): 22.

**Decision rationale:** This patient presents with low back pain radiating to the lower extremity and right shoulder pain. The treater is requesting FENOPROFEN CALCIUM 400 MG QUANTITY 120. The RFA dated 09/08/2014 shows a request for Fenoprofen Calcium 400 mg #120 1 PO TID inflammatory pain. The patients stated injury is from 07/31/2012 and he is currently on modified duty. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The medical records do not show history of Fenoprofen use. The 08/25/2014 report shows that the patient has constant low back pain that is dull at a rate of 4/10. In this case, The MTUS guidelines support the use of anti-inflammatory medication to reduce pain and inflammation. The request IS medically necessary.

**Omeprazole DR 20mg, #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms, and cardiovascular risks Page(s): 69.

**Decision rationale:** This patient presents with low back pain radiating to the lower extremity and right shoulder pain. The treater is requesting OMEPRAZOLE 20 MG QUANTITY 120. The RFA dated 09/08/2014 shows a request for Omeprazole DR 20mg #120 1 PO 12H PRN upset stomach. The patients stated injury is from 07/31/2012 and he is currently on modified duty. The MTUS Guidelines page 68 and 69 on NSAIDs, GI symptoms, and cardiovascular risks states, Determine if the patient is at risk for gastrointestinal events: 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. Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions. MTUS also states, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI. The records do not show a history of omeprazole use. The 09/04/2014 report notes that the patient describes a history of epigastric pain and stomach upset while utilizing NSAIDs in the past. In this case, The MTUS guidelines support the use of PPI's when gastrointestinal events are documented. The request IS medically necessary.

**Cyclobenzaprine HCL 7.5mg, #120:** Upheld

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

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

**Decision rationale:** This patient presents with low back pain radiating to the lower extremity and right shoulder pain. The treater is requesting CYCLOBENZAPRINE HCL 7.5 MG QUANTITY 120. The RFA dated 09/08/2014 shows a request for cyclobenzaprine hcl 7.5 mg quantity 120 1 PO Q8H/PRN pain and spasm. The patients stated injury is from 07/31/2012 and he is currently on modified duty. The MTUS guidelines page 64 on cyclobenzaprine states that it is recommended as a short course of therapy with limited mixed evidence not allowing for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and central nervous system depressant with similar effects to tricyclic antidepressants amitriptyline. This medication is not recommended to be used for longer than 2 to 3 weeks. The records do not show a history of cyclobenzaprine use. The 09/04/2014 report notes that the patient presents with muscle spasms and a short course of cyclobenzaprine was being prescribed. However, the requested quantity exceeds the guidelines. The request IS NOT medically necessary.

**Tramadol HCL ER 150mg, #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

**Decision rationale:** This patient presents with low back pain radiating to the lower extremity and right shoulder pain. The treater is requesting TRAMADOL HCL ER 50 MG QUANTITY 90. The RFA dated 09/08/2014 shows a request for Tramadol ER 50 mg quantity 90 once a day as needed for severe pain. The patients stated injury is from 07/31/2012 and he is currently on modified duty. The MTUS Guidelines page 76 to 78 under criteria for initiating opioids recommend that reasonable alternatives have been tried, considering the patients likelihood of improvement, likelihood of abuse, etc. MTUS goes on to states that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids may be tried at this time. The records do not show a history of tramadol use. The 09/04/2014 report notes that the treater is prescribing Tramadol for the patient's acute severe pain. In this case, the MTUS guidelines support a trial of opioids. The request IS medically necessary.