

<b>Case Number:</b>	CM14-0189558		
<b>Date Assigned:</b>	11/20/2014	<b>Date of Injury:</b>	08/13/1997
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Occupational Medicine, 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:

This case is a 49 year old female with a date of injury on 8/13/1997. A review of the medical records indicates that the patient has been undergoing treatment for low back pain, cervical radiculopathy, cervical pain, and hip/pelvic pain. Subjective complaints (5/20/2014) include 4/10 pain with medications, (7/15/2014) include 4/10 pain with medication, 5/10 pain without medications, (8/12/2014) include 3/10 pain without medications, (10/1/2014) include "less low back pain", lumbar-sacral spine pain, rated 4/10 with medications and 6/10 without medications. Objective findings (7/2014 through 10/1/2014) include numbness in C6 distribution, no weakness, and no tenderness to palpation to cervical neck, pain over facet joints, spasms, lumbar pain with flexion, lumbar tenderness, and left hip pain. Treatment has included Flexeril (since at least 5/2014), Xanax (since at least 5/2014), Galisal, Ibuprofen, and Tramadol (since at least 7/2014). A utilization review dated 10/23/2014 determined the following: Non-certified Ibuprofen 800mg tablet 1 tablet by mouth 3 times a day as needed #90, Flexeril 10mg tablet -1 tablet by mouth twice a day NTE 2 days #60, partially certified for Xanax 0.25mg #15 (original request for #30) partially certified for Tramadol 50mg #30 (original request for #100).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ibuprofen 800mg tablet 1 tablet by mouth 3 times a day as needed #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Ibuprofen, NSAIDs Page(s): 67-72.

**Decision rationale:** MTUS recommends the use of NSAIDs for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states "Ibuprofen (Motrin, Advil [OTC], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain". The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. Of the medical records provided, the subjective and objective findings have changed minimally. The patient also reports diabetes type 2 and hypertension. Ibuprofen should be used with caution in patient with cardiovascular and renal disease. As such the request for Ibuprofen 800mg tablets 1 tablet by mouth 3 times a day as needed #90 is not medically necessary.

**Flexeril 10mg tablet -1 tablet by mouth twice a day NTE 2 days #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine (Flexeril) Page(s): 41 and 42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Cyclobenzaprine, Medications for chronic pain, Antispasmodics Page(s): 41-42, 60-61 and 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril) and Other Medical Treatment Guideline or Medical Evidence: Up-to-date, Flexeril.

**Decision rationale:** MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Up-to-date "Flexeril" also

recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of Cyclobenzaprine. ODG states regarding Cyclobenzaprine, "recommended as an option, using a short course of therapy. The addition of Cyclobenzaprine to other agents is not recommended." Several other pain medications are being requested, along with Cyclobenzaprine, which ODG recommends against. Additionally, the treatment notes do not document substantial improvement in the duration that the patient has been on this medication. As such, the request for Flexeril 10mg tablet -1 tablet by mouth twice a day NTE 2 days #60 is not medically necessary.

**Xanax 0.25mb tablet 1 tablet by mouth daily NTE 1/day #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** MTUS and ODG states that benzodiazepine (ie Lorazepam) is "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. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." ODG further states regarding Lorazepam "Not recommended". Medical records indicate that the patient has been on Xanax since at least 5/2014, far exceeding MTUS recommendations. The medical record does not provide any extenuating circumstances to recommend exceeding the guideline recommendations. While the treating physician does document "distress secondary to pain and anxious", no additional information was provided. No additional history or workup was documented. Additionally, medical documents provided two separate urine drug tests revealed that benzodiazepine was not detected, while an active prescription for Xanax was present. The original utilization reviewer partially certified for #15 to allow for weaning, which is appropriate. As such, the request for Xanax 0.25mb tablet 1 tablet by mouth daily NTE 1/day #30 is not medical necessary.

**Tramadol 50mg tablet, (1) tablet by mouth every 6 to 8 hours as needed NTE 2 to 3 days #100: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113 and 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®)

**Decision rationale:** Tramadol is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/Acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication. Additionally, the treatment notes do not document substantial improvement in the duration that the patient has been on this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for Tramadol 50mg tablet, one tablet by mouth every 6 to 8 hours as needed NTE 2 to 3 days #100 is not medically necessary.