

<b>Case Number:</b>	CM14-0194599		
<b>Date Assigned:</b>	12/02/2014	<b>Date of Injury:</b>	07/29/2010
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2014

### 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, has a subspecialty in Pain 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 is a male patient with a date of injury of July 29, 2010. A utilization review determination dated November 22, 2014 recommends non-certification of tramadol 50 mg #90 with two refills, cyclobenzaprine 10 mg #60 with two refills, omeprazole 20 mg #30 with two refills, the zolpidem 10 mg #30 with two refills, and ibuprofen 800 mg with two refills. A progress note dated September 9, 2014 identifies subjective complaints of a need for medicine refills, neck pain, left shoulder pain, head pain, left ear pain, and collarbone pain. The patient rates his neck pain as an 8/10 and describes it as constant, sore, and achy. His left shoulder pain is rated at an 8/10 and describes it as constant, sort, and achy. He rates his headache pain at a 7-8/10 and describes it as located in the occipital region and he complains of ringing in the left ear. The physical examination is unchanged from the August 19, 2014 evaluation. The diagnoses include cervicgia, posttraumatic headaches, radiculopathy of the cervical spine, supraspinatus tendinosis of the left shoulder, adhesive capsulitis of the left shoulder, and depression. The treatment plan recommends a prescription refill for tramadol 50 mg #90, prescription refill for cyclobenzaprine 10 mg #60, prescription refill for amitriptyline 100 mg #30, prescription refill force italic pram 10 mg #30, prescription refill for omeprazole 20 mg #30, prescription refill for zolpidem 10 mg #30, prescription refill for ibuprofen 800 mg #90, prescription refill for Prozac 20 mg #30, and all medications refilled with two additional refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Tramadol 50mg #90 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

**Decision rationale:** Regarding the request for tramadol 50mg #90 with 2 refills, California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested tramadol 50mg #90 with 2 refills is not medically necessary.

**Retro Cyclobenzaprine 10mg #60 with 2 refills:** Upheld

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

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

**Decision rationale:** Regarding the request for cyclobenzaprine 10mg #60 with 2 refills, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine 10mg #60 with 2 refills is not medically necessary.

**Retro Omeprazole 20mg #30 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs)

**Decision rationale:** Regarding the request for omeprazole 20mg #30 with 2 refills, California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole 20mg #30 with 2 refills is not medically necessary.

**Retro Zolpidem 10mg #30 with 2 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) Chronic Pain, Sleep Medication

**Decision rationale:** Regarding the request for zolpidem 10mg #30 with 2 refills, California MTUS guidelines are silent regarding the use of sedative hypnotic agents. ODG recommends the short-term use (usually two to six weeks) of pharmacological agents only after careful evaluation of potential causes of sleep disturbance. They go on to state the failure of sleep disturbances to resolve in 7 to 10 days, may indicate a psychiatric or medical illness. Within the documentation available for review, there are no subjective complaints of insomnia, no discussion regarding how frequently the insomnia complaints occur or how long they have been occurring, no statement indicating what behavioral treatments have been attempted for the condition of insomnia, and no statement indicating how the patient has responded to zolpidem treatment. Finally, there is no indication that zolpidem is being used for short-term use as recommended by guidelines. In the absence of such documentation, the currently requested zolpidem 10mg #30 with 2 refills is not medically necessary.

**Retro Ibuprofen 800mg with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

**Decision rationale:** Regarding the request for ibuprofen 800mg with 2 refills, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the ibuprofen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested ibuprofen 800mg with 2 refills is not medically necessary.

