

<b>Case Number:</b>	CM14-0198539		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	10/27/2011
<b>Decision Date:</b>	01/26/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Internal Medicine, has a subspecialty in HPM and is licensed to practice in Pennsylvania. 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 60-year-old woman with a date of injury of 10/27/2011. A treating physician note dated 09/25/2014 identified the mechanism of injury as trying to catch someone who was falling, resulting in lower back pain. Treating physician notes dated 09/25/2014 and 11/08/2014 indicated the worker was experiencing pain in the neck that went into the left arm and shoulder blades; lower back pain that went into the legs; limb spasms, numbness, and tingling; insomnia; depression; and anxiety. Documented examinations consistently described tenderness in the upper and lower back and decreased motion in the upper and lower back joints. The submitted and reviewed documentation concluded the worker was suffering from chronic lower back pain, chronic cervical and lumbar degenerative disk disease, upper and mid-back strain/sprain with myofasciitis, sacroiliitis, and lumbar radiculopathy. Treatment recommendations included oral and topical pain medications, physical therapy, consultation with a pain specialist for possible medication injections, psychologic evaluation, and follow up care. A Utilization Review decision was rendered on 11/13/2014 recommending non-certification for thirty tablets of an unspecified dose of tramadol, thirty tablets of Prilosec (omeprazole) 20mg, and thirty tablets of cyclobenzaprine 7.5mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Tramadol #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94 & 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Weaning of Medications Page(s): 74-95; 124.

**Decision rationale:** Ultram (tramadol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed documentation concluded the worker was suffering from chronic lower back pain, chronic cervical and lumbar degenerative disk disease, upper and mid-back strain/sprain with myofasciitis, sacroiliitis, and lumbar radiculopathy. The documented pain assessments did not describe significantly improved pain intensity or function with the use of this medication or provide a detailed individual risk assessment. Further, the request was made for an unspecified dose, which does not account for potential changes in the worker's overall health or treatment needs. For these reasons, the current request for thirty tablets of an unspecified dose of tramadol is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting, and a wean should be able to be completed with the medication available to the worker.

**Retro Prilosec (Omeprazole) 20mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Gastrointestinal Symptoms and Cardiovascular Risk Page(s): 68-69. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Omeprazole: Drug Information. Topic 9718, version 144.0. UpToDate, accessed 01/13/2015.

**Decision rationale:** Omeprazole is a medication in the proton pump inhibitor class. The MTUS Guidelines support the use of omeprazole 20mg when a worker is found to have an intermediate or high risk of gastrointestinal events and a non-steroidal anti-inflammatory drug (NSAIDs) is prescribed for pain control. The FDA also approves this medication for short-term treatment of active ulcers in the stomach or part of the small intestine, heartburn, symptoms associated with gastroesophageal reflux disease (GERD), erosive esophagitis, conditions causing very high amounts of acid in the stomach, and as part of treatment for a specific kind of infection that can cause ulcers. The submitted and reviewed documentation concluded the worker was suffering

from chronic lower back pain, chronic cervical and lumbar degenerative disk disease, upper and mid-back strain/sprain with myofasciitis, sacroiliitis, and lumbar radiculopathy. There was no documentation suggesting the worker had any of the above conditions or issues or that the worker had recently used NSAIDs. In the absence of such evidence, the current request for thirty tablets of Prilosec (omeprazole) 20mg is not medically necessary.

**Retro Cyclobenzaprine 7.5mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64-66.

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

**Decision rationale:** Cyclobenzaprine is a medication in the antispasmodic muscle relaxant class. The MTUS Guidelines support the use of muscle relaxants with caution as a second-line option for short-term use in the treatment of a recent flare-up of long-standing lower back pain. Some literature suggests these medications may be effective in decreasing pain and muscle tension and in increasing mobility, although efficacy decreases over time. In most situations, however, using these medications does not add additional benefit over the use of non-steroidal anti-inflammatory drugs (NSAIDs), nor do they add additional benefit in combination with NSAIDs. Negative side effects, such as sedation, can interfere with the worker's function, and prolonged use can lead to dependence. The submitted and reviewed documentation concluded the worker was suffering from chronic lower back pain, chronic cervical and lumbar degenerative disk disease, upper and mid-back strain/sprain with myofasciitis, sacroiliitis, and lumbar radiculopathy. The documented pain assessments did not describe significantly improved pain intensity or function with the use of this medication or provide a detailed individual risk assessment. In the absence of such evidence, the current request for thirty tablets of cyclobenzaprine 7.5mg is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of continued use significantly outweigh the benefits in this setting, and weaning should be able to be completed with the medication available to the worker.