

<b>Case Number:</b>	CM14-0209638		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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 & Rehabn, Pain Management

### 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 August 7, 2013. A utilization review determination dated November 20, 2014 recommends non-certification of fenoprofen calcium (Nalfon) 400 mg #120, omeprazole 20 mg #120, cyclobenzaprine hydrochloride 7.5 mg #120 with modification to #20 to initiate downward titration, tramadol ER 150 mg #90 modified to #60, and bilateral L4-5 epidural steroid injection with partial certification. A progress note dated October 6, 2014 identifies subjective complaints of intermittent low back pain greater on the left side. The pain is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, and walking multiple blocks. The patient reports radiation of pain into lower extremities. The patient states his pain is improving and rates his pain as a 6 on a scale of 1 to 10. The physical examination of the lumbar spine revealed palpable paravertebral muscle tenderness and spasm, seated nerve root test is positive, standing flexion and extension are guarded and restricted, there is tingling and numbness in the lateral thigh, anterolateral leg and foot and posterior leg and lateral foot which correlates with an L5-S1 dermatomal pattern. The diagnosis is lumbar discopathy. The treatment plan recommends a lumbar epidural steroid injection and a course of physical therapy and the patient is allowed to take the appropriate pharmacological agents for symptomatic relief. An MRI of the lumbar spine dated November 11, 2013 reveals disc and facet abnormalities mainly at L4-5 and L5-S1. There is a 10% decrease in height at L4-L5, there is a 3 mm posterior disc bulge with encroachment on the thecal sac and foramina bilaterally there is compromise on the exiting nerve roots bilaterally, and the facet joints are arthritic.

## 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: Upheld**

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

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

**Decision rationale:** Regarding the request for Fenoprofen calcium (Nalfon) 400mg #120, 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 Fenoprofen 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 Fenoprofen Calcium (Nalfon) 400mg #120 is not medically necessary.

### **Omeprazole 20mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI Symptoms & Cardiovascular Risk.

**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 #120, 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 #120 is not medically necessary.

### **Cyclobenzaprine Hydrochloride Tablets 7.5mg #120: Upheld**

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

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

**Decision rationale:** Regarding the request for Cyclobenzaprine hydrochloride 7.5mg #120, 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 hydrochloride 7.5mg #120 is not medically necessary.

**Tramadol ER 150mg #90:** Upheld

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

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

**Decision rationale:** Regarding the request for Tramadol ER 150mg #90, California Pain Medical Treatment Guidelines state that tramadol 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 ER 150mg #90 is not medically necessary.

**Bilateral L4-:5 Epidural Steroid Injection:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs) Page(s): 46 of 127.

**Decision rationale:** Regarding the request for bilateral L4-5 epidural steroid injection, Chronic Pain Medical Treatment Guidelines state that epidural injections are recommended as an option for treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy, and failure of conservative treatment. Guidelines recommend that no more than one interlaminar level, or to transforaminal levels, should be injected at one session. Regarding repeat epidural injections, guidelines state that repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. Within the documentation

available for review, there are recent subjective complaints and objective examination findings supporting a diagnosis of radiculopathy. Additionally, there is imaging corroborating the diagnosis of radiculopathy. As such, the currently requested bilateral L4-5 epidural steroid injection is medically necessary.