

<b>Case Number:</b>	CM15-0007962		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	12/03/1991
<b>Decision Date:</b>	03/17/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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: New York  
 Certification(s)/Specialty: Anesthesiology

### 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 67 year old male, who sustained an industrial injury on December 3, 1991. He has reported back pain secondary to moving a battery, weighing 30-35 lbs. His diagnoses include chronic back pain and a lumbar laminectomy (L4-L5). Treatment has included activity modification, physical modalities, medications, radiological imaging, epidural steroid injections, and surgery. Currently, the injured worker complains of continued back pain. The records indicate he has been prescribed Cyclobenzaprine, Omeprazole, Tramadol, and Naproxen, since approximately, August, 2014. The records indicate a magnetic resonance imaging (MRI) of the lumbar spine was completed on September 6, 2014, which revealed a disc protrusion. On December 18, 2014, Utilization Review non-certified the request of Cyclobenzaprine 7.5 mg, quantity #120, and Terocin pain patches, quantity #60; and modified certification of Omeprazole 20 mg, quantity #30, and Tramadol 150 mg, quantity #54, based on Chronic Pain Treatment guidelines. On January 14, 2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine 7.5 mg, quantity #120, and Omeprazole 20 mg, quantity #120, and Tramadol 150 mg, quantity #120, and Terocin pain patches, quantity #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5 mg, 120 count: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64 - 65.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Pain Interventions and Treatments, Antispasmodics Page(s): 64.

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril), is not recommended for the long-term treatment of chronic pain. The medication has its greatest effect in the first four days of treatment. There is no documentation of functional improvement from any previous use of this medication. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

**Omeprazole 20 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67 - 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Page(s): 68. Decision based on Non-MTUS Citation Proton Pump Inhibitors (PPIs)

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. There is no documentation indicating the patient had any GI symptoms or risk factors. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Based on the available information provided for review, the patient has not been maintained on NSAIDs. The medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.

**Tramadol 150 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94 - 95.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS Page(s): 93-96.

**Decision rationale:** According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include

current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. According to the medical documentation there has been no documentation of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Per California MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status. This does not appear to have occurred with this patient. The patient may require a multidisciplinary evaluation to determine the best approach to treatment of her chronic pain syndrome. Medical necessity for the requested item has not been established. The requested treatment with Tramadol is not medically necessary.

**Terocin patches, sixty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111 - 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009) Page(s): 111-113.

**Decision rationale:** There is no documentation provided necessitating the use of the requested topical medication, Terocin. According to CA MTUS Guidelines, topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control, including, for example, NSAIDs, opioids, capsaicin, local anesthetics or antidepressants. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case there is no documentation provided necessitating Terocin. This medication contains methyl salicylate, capsaicin, menthol, and lidocaine. MTUS states that capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. There is no documentation of intolerance to other previous medications. Medical necessity for the requested topical medication has not been established. The requested treatment is not medically necessary.