

<b>Case Number:</b>	CM15-0008926		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Internal Medicine

### 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 45 year-old female who has reported the gradual onset of low back pain attributed to work activity, with a listed injury date of July 18, 2013. The diagnoses have included spinal stenosis at L4-L5 and L5-S1, right L5 radiculitis, and morbid obesity. Treatment to date has included multiple medications and physical therapy. None of the available records discuss the specific indications and results for any of the listed medications other than the comments about Lyrica, as noted below. It appears that the medications under review are prescribed chronically for this injured worker's low back pain. Per the primary treating physician report from 8/11/14, Lyrica provided 5% benefit. Work status was modified. Medications included ibuprofen, Lyrica, Ultram, loratidine, and unspecified medications for migraine. She walked with a cane. Lyrica was increased. On 9/4/14 Lyrica was again recommended to be increased to three times daily. As of 9/30/14 Lyrica three times daily was helping pain but function was not better per the work status. Per the reports of 10/16/14 and 11/7/14, the injured worker was still walking with a cane, was diffusely tender in the low back, was tender in the right hip, and did not have radicular signs. There was no discussion of medications. The listed medications included those now under Independent Medical Review. Work status was modified and unchanged. On December 12, 2014, Utilization Review non-certified Ibuprofen 800mg, Claritin, Lyrica, Flexeril, and Tramadol (dosages and quantities not specified), referencing a provider visit of October 16, 2014 which did not adequately address the requested medications. The MTUS Chronic Pain Medical Treatment Guidelines were cited.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Ibuprofen 800 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; NSAIDs for Back Pain - Acute exacerbations of chronic pain; Back P.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity and duration of this medication. Prescriptions for NSAIDs, per the MTUS, should be for short term use only. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. None of the available reports discuss the specific indications or results of use for ibuprofen. Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Systemic toxicity is possible with NSAIDs. The FDA and MTUS recommend monitoring of blood tests and blood pressure. There is no evidence that the prescribing physician is adequately monitoring for toxicity as recommended by the FDA and MTUS. The MTUS does not recommend chronic NSAIDs for low back pain, NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. Ibuprofen is not medically necessary based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, prescription not in accordance with the MTUS and the FDA and the lack of a sufficient prescription.

### **Claritin:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: UpToDate: loratadine, drug information. In UpToDate, edited by Ted. W. Post, published by UpToDate in Waltham, MA, 2015.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. None of the available reports address the indications for this injured worker. Claritin is not an analgesic and has no apparent indication for the low back pain. If Claritin is prescribed for other purposes, such as allergy, this is not explained in the records. Claritin is not medically necessary based on the lack of any apparent indications.

**Lyrica:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs; Medication trials Page(s): 16-21; 60.

**Decision rationale:** Per the MTUS, pregabalin is recommended for neuropathic pain. There is no good evidence in this case for neuropathic pain. There are no physician reports which adequately address the specific symptomatic and functional benefit from the antiepileptic drugs (AEDs) used to date. Note the criteria for a good response per the MTUS. The reports show no improvement in function while taking Lyrica. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. Pregabalin is not medically necessary based on the lack of any clear indication, the lack of significant symptomatic and functional benefit from its use to date, and the lack of a sufficient prescription.

**Flexeril:** 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 muscle relaxants Page(s): 63.

**Decision rationale:** The MTUS for Chronic Pain does not recommend muscle relaxants for chronic pain. Non-sedating muscle relaxants are an option for short term exacerbations of chronic low back pain. The muscle relaxant prescribed in this case is sedating. This injured worker has chronic pain with no evidence of prescribing for flare-ups. Prescribing has occurred consistently for months. The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated. No reports show any specific and significant improvements in pain or function as a result of prescribing muscle relaxants. Cyclobenzaprine, per the MTUS, is indicated for short term use only and is not recommended in combination with other agents. This injured worker has been prescribed multiple medications along with cyclobenzaprine. Per the MTUS, cyclobenzaprine is not indicated and is not medically necessary.

**Tramadol:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid management; Opioids, steps to avoid misuse/addiction; indications, Chronic back pain; Mec.

**Decision rationale:** The request to Independent Medical Review is for an unspecified quantity and duration of this medication. An unspecified quantity and duration can imply a potentially unlimited duration and quantity, which is not medically necessary or indicated, particularly for opioids. None of the reports address the specific medical necessity for tramadol. There is insufficient evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. There is no evidence of a drug testing program. It is not clear what the ongoing frequency of use is. The functional benefit from using tramadol is not described. As currently prescribed, tramadol does not meet the criteria for long term opioids as elaborated in the MTUS and is therefore not medically necessary.