

<b>Case Number:</b>	CM15-0008985		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	09/18/2014
<b>Decision Date:</b>	03/23/2015	<b>UR Denial Date:</b>	12/17/2014
<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: California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 24-year-old male who reported injury on 09/18/2014. The mechanism of injury was not provided. The injured worker underwent an MRI of the lumbar spine. The documentation of 12/10/2014 revealed the injured worker had low back pain and left leg pain. The injured worker had tenderness and decreased range of motion with lumbar spasms. The neurologic evaluation was within normal limits. The injured worker had a negative straight leg raise bilaterally. Motor and sensation were within normal limits. The x-ray of the lumbar spine revealed mild DDD at L5-S1. The diagnoses included lumbar spine strain and a herniated nucleus pulposus at L5-S1. The injured worker was provided with medications, including Flexeril 7.5 mg, Protonix, Voltaren XR, Ultram and tramadol 50 mg. There was no Request for Authorization submitted for review for the requested medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 50 mg, sixty count provided on December 10, 2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain; steps to take before a therapeutic trial of opioids Page(s): 60;77.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines indicate the steps to take before the therapeutic trial of opioids include: that there should be documentation the injured worker has failed a trial of nonopioid analgesics. Additionally, there should be documentation of baseline pain and functional assessments, including physical, psychological, daily and work activities, using a validated instrument or numerical rating scale. The pain assessment should include a history of pain treatment and effective pain function. The injured worker should have at least 1 physical and psychosocial assessment by the treating physician to assess whether a trial of opioids should occur. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of a nonopioid analgesic. There was a lack of documentation of a baseline pain and functional assessment, and documentation of an assessment by the treating doctor to assess whether a trial of opioids should occur. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 50 mg, sixty count provided on December 10, 2014 is not medically necessary.

**Flexeril 7.5 mg, ninety count provided on December 10, 2014:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line options for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review failed to indicate the injured worker had a failure of a first line option for muscle spasms. The request as submitted failed to indicate the frequency for the requested medication. The injured worker had objective findings of muscle spasm upon evaluation. There was a lack of documentation of exceptional factors as the use is recommended for less than 30 days. However, given the above and the lack of documentation, the request for Flexeril 7.5 mg, ninety count provided on December 10, 2014 is not medically necessary.

**Protonix 20 mg, sixty count provided on December 10, 2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers who are an intermediate or high risk for

gastrointestinal events. Injured workers with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor. The clinical documentation submitted for review failed to indicate the injured worker had been found to be at risk for gastrointestinal events. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Protonix 20 mg, sixty count provided on December 10, 2014 is not medically necessary.