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| <b>Case Number:</b>   | CM15-0101113 |                              |            |
| <b>Date Assigned:</b> | 06/03/2015   | <b>Date of Injury:</b>       | 07/03/2014 |
| <b>Decision Date:</b> | 07/09/2015   | <b>UR Denial Date:</b>       | 05/01/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/26/2015 |

### 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 Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker is a 43 year old male, who sustained an industrial injury on 7/3/14. He reported initial complaints of right eye, neck, right shoulder, loss of consciousness. The injured worker was diagnosed as having status post traumatic head injury; post-traumatic headaches; cervical spine myofascialgia; bilateral upper shoulder myofascitis/pain; thoracolumbar strain/sprain; dizziness; myofascitis lumbar spine; anxiety disorder; cervical/thoracic/shoulder pain; lumbar sprain. Treatment to date has included medications. Diagnostics included MRI cervical spine (9/29/14); MRI thoracic spine (9/30/14); MRI head/brain (12/5/14); x-rays cervical, thoracic, lumbar spine (8/21/14); x-rays right shoulder (9/21/14). Currently, the PR-2 notes dated 4/29/15 is hand written and difficult to decipher. These notes indicated the injured worker complains of overall feeling worse. The pain locations is marked s lumbar and cervical spine head and shoulder. Lumbar spine pain is rated at 7/10 and right shoulder pain is rated 8/10. Objective findings note occipital region as worse and states "moves/pop". The provider notes x- rays for the left foot as being requested in the treatment plan as well as chiropractic care. The provider has also requested Tramadol 150mg #30; Butalbital APAP (acetaminophen) #30; Fexmid 7/5mg #60; Protonix 20mg #30 and a pain management consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150 mg Qty 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Tramadol Page(s): 78-81; 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

**Decision rationale:** According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework". In this case, there is no clear evidence of objective and recent functional and pain improvement from the previous use of Tramadol. There is no clear documentation of the efficacy/safety of previous use of tramadol. There is no recent evidence of objective monitoring of compliance of the patient with his medications. Therefore, the prescription of Tramadol ER 150mg #30 is not medically necessary.

**Butalbital APAP (acetaminophen) Qty 30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Fioricet. <http://www.rxlist.com/fioricet-drug.htm>.

**Decision rationale:** Butalbital, Acetaminophen and Caffeine is a combination used for migraine headaches. Its long term use is not recommended in chronic pain and there is no documentation of migraine headache. Therefore, the request for the use of Butalbital APAP (acetaminophen) Qty 30 is not medically necessary.

**Fexmid 7.5 mg Qty 60: 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 Cyclobenzaprine Page(s): 41.

**Decision rationale:** According to MTUS guidelines, a non sedating muscle relaxant is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic lumbosacral pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The patient in this case does not have clear evidence of acute exacerbation of chronic pain and spasm and the prolonged use of Fexmid 7.5mg is not justified. Evidence based guidelines do not recommend its use for more than 2-3 weeks. Therefore, the request for Fexmid 7.5 mg Qty 60 is not medically necessary.

**Protonix 20 mg Qty 30:** 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 102.

**Decision rationale:** According to MTUS guidelines, Protonix is indicated when NSAID are used in patients with intermediate or high risk for gastrointestinal events. The risk for gastrointestinal events are: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Recent studies tend to show that H. Pylori does not act synergistically with NSAIDs to develop gastroduodenal lesions. There is no documentation that the patient is at an increased risk of GI bleeding. There is no justification for the prescription of Protonix. Therefore the prescription of Protonix 20mg #30 is not medically necessary.

**Pain Management Consultation:** 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 Chronic pain programs, early intervention Page(s): 32-33.

**Decision rationale:** According to MTUS guidelines, the presence of red flags may indicate the need for specialty consultation. In addition, the requesting physician should provide a documentation supporting the medical necessity for a pain management evaluation with a specialist. The documentation should include the reasons, the specific goals and end point for using the expertise of a specialist. In the chronic pain programs, early intervention section of MTUS guidelines stated: "Recommendations for identification of patients that may benefit from early intervention via a multidisciplinary approach: (a) The patient's response to treatment falls outside of the established norms for their specific diagnosis without a physical explanation to explain symptom severity. (b) The patient exhibits excessive pain behavior and/or complaints compared to that expected from the diagnosis. (c) There is a previous medical history of delayed recovery. (d) The patient is not a candidate where surgery or other treatments would clearly be

warranted. (e) Inadequate employer support. (f) Loss of employment for greater than 4 weeks. The most discernable indication of at risk status is lost time from work of 4 to 6 weeks. (Mayer 2003).” There is no clear documentation that the patient needs a pain management evaluation as per MTUS criteria. There is no clear documentation that the patient had delayed recovery and a response to medications that falls outside the established norm. The provider did not document the reasons, the specific goals and end point for using the expertise of a specialist. Therefore, the request for Pain Management consultation is not medically necessary.