

<b>Case Number:</b>	CM15-0107033		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	02/20/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/03/2015

### 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, 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:

The injured worker (IW) is a 38-year-old female who sustained an industrial injury on 02/20/2013. Diagnoses include cervical spine sprain/strain, low back pain, left shoulder sprain/strain, bilateral knee sprain/strain rule out derangement and cervical and lumbar radiculopathy. MRI of the lumbar spine on 11/8/14 showed straightening of the lordotic curve with limited range of motion in flexion and extension and disc desiccation at L4-5 and L5-S1 with decreased disc height at L5-S1; a Schmorl's node was noted at L5. MRI of the cervical spine was not significantly changed from the scan in 2013, noting the spinal canal and neuroforamina remained patent at all cervical levels. Treatment to date has included medications, acupuncture, shockwave therapy and physical therapy. According to the Doctor's First Report dated 3/6/15 the IW reported sharp pain in her back. PR2 notes dated 12/16/14 stated the IW had pain described as constant and moderate to severe that occurred in the neck, left shoulder, low back and bilateral knees. The neck pain was rated 6/10 and radiated to the bilateral upper extremities with associated numbness and tingling. The left shoulder pain was described as burning pain rated 6/10 that was aggravated by gripping, grasping, reaching, pulling, lifting and doing work at or above shoulder level. Pain in the low back radiated to the coccyx and both legs, rated 5/10, with associated numbness and tingling. Her knee pain was rated 6/10 and described as burning pain. On examination, range of motion was decreased in all painful regions. Tenderness and trigger points were noted in areas of the cervical and lumbar spine. Straight leg raise was positive at 40 degrees bilaterally. Sensation was diminished in the C5 to T1 dermatomes in the bilateral upper extremities and in the L4 to S1 dermatomes in the left lower extremity. A request was made for Cyclobenzaprine 7.5mg, #120, Tramadol

150mg, #60 and Omeprazole 20mg, #60. A progress report dated December 16, 2014 states that the patient's medication offer temporary relief of pain and improve her ability to have restful sleep. She denies any intolerable side effects with the medication. A urine drug screen was ordered, and appropriate medication use was discussed.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 63-66 of 127.

**Decision rationale:** Regarding the request for cyclobenzaprine (Flexeril), 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 because 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. Finally, there is no documentation of failure of first-line treatment options, as recommended by guidelines. In the absence of such documentation, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

#### **Tramadol 150mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 93-94, 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Tramadol, California Pain, Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with no intolerable side effects, and the patient is noted to undergo monitoring. It is acknowledged, that there should be better documentation of analgesic effort and objective functional improvement. However, a one-month prescription should allow the requesting physician time to better document to those items. As such, the currently requested Tramadol is medically necessary.

**Omeprazole 20mg #60: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

**Decision rationale:** Regarding the request for omeprazole (Prilosec), 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 (Prilosec) is not medically necessary.