

<b>Case Number:</b>	CM15-0141540		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	06/11/2007
<b>Decision Date:</b>	09/23/2015	<b>UR Denial Date:</b>	07/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 60 year old male with an industrial injury dated 06-11-2007, 06-04-2008 and cumulative trauma dated 09-15-2005 to 04-28-2008. The injury (2007) is documented as occurring when a student was hitting and pushing a door and he was trying to hold it shut. He experienced injury of left shoulder, neck, elbows and right wrist. Documentation of a second injury is noted to have occurred on 06/04/2008 when a student threw a book hitting him in the head and neck. His diagnoses included cervicalgia and lumbosacral neuritis. Prior treatment included psychological evaluation and medications. He presents on 06-01-2015 with complaints of pain in cervical ant thoracic spine which was improving. He was also experiencing constant pain in the low back with radiation of pain into the lower extremities. He rates the pain as 7 out of 10. Physical exam revealed palpable paravertebral muscle tenderness with spasm. Range of motion was limited with pain. Circulation was intact. There was palpable paravertebral muscle tenderness with spasm. Seated root test was positive. Standing flexion and extension were guarded and restricted. Treatment plan included continue home exercise program and medications. The provider documents the medications are improving the patient's activities of daily living and making it possible for him to continue working and maintaining activities of daily living. The treatment request is for the following: Cyclobenzaprine Hydrochloride 7.5 mg quantity 120; Lansoprazole (Prevacid) 30 mg quantity 120; Nabumetone (Relafen) 750 mg quantity 120; Ondansetron 8 mg quantity 30; Pharmacy purchase of Eszopicolone 1 mg quantity 30; Tramadol ER 150 mg quantity 90.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Pharmacy purchase of Eszopicolone 1mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Mental & Stress Chapter, under "Eszopicolone (Lunesta).

**Decision rationale:** The patient presents with neck pain, mid-back and low back pain, radiating to the bilateral lower extremities. The request is for Pharmacy purchase of Eszopicolone 1 mg #30. Physical examination to the cervical spine on 06/01/15 revealed tenderness to palpation over the paraspinal muscles with spasm. Range of motion was limited with pain. Examination to the lumbar spine revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per 06/01/15 progress report, patient's diagnosis includes thoracic disc gen, lumbosacral neuritis nos, and cervicalgia. Patient's medications, per Primary Treating Physician's Request for Authorization dated 02/03/15 include Fenoprofen, Omeprazole, Cyclobenzaprine, Tramadol, Eszopicolone, and Sumatriptan Succinate. Patient's work status was not specified. ODG-TWC, Mental & Stress Chapter states: "Eszopicolone (Lunesta): Not recommended for long-term use, but recommended for short-term use. See Insomnia treatment. See also the Pain Chapter. Recommend limiting use of hypnotics to three weeks maximum in the first two months of injury only, and discourage use in the chronic phase... The FDA has lowered the recommended starting dose of eszopicolone (Lunesta) from 2 mg to 1 mg for both men and women." In this case, only one progress report was provided and the treater does not discuss this request. The utilization review letter dated 07/09/15 modified the request to #20. It appears that the patient has been utilizing this medication since at least 02/03/15. However, the treater does not document or discuss its efficacy. Furthermore, the ODG guidelines do not support long-term use of this medication and the request for an additional 30 tabs of exceeds guideline recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.

### **Nabumetone (Relafen) 750mg #120: 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-inflammatory medication Page(s): 22.

**Decision rationale:** The patient presents with neck pain, mid-back and low back pain, radiating to the bilateral lower extremities. The request is for Nabumetone (Relafen) 750 MG #120. Physical examination to the cervical spine on 06/01/15 revealed tenderness to palpation over the paraspinal muscles with spasm. Range of motion was limited with pain. Examination to the

lumbar spine revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per 06/01/15 progress report, patient's diagnosis includes thoracic disc gen, lumbosacral neuritis nos, and cervicalgia. Patient's medications, per Primary Treating Physician's Request for Authorization dated 02/03/15 include Fenoprofen, Omeprazole, Cyclobenzaprine, Tramadol, Eszopiclone, and Sumatriptan Succinate. Patient's work status was not specified. MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. In this case, only one progress report was provided and the treater does not discuss this request. It appears that the patient has been utilizing this medication since at least 02/03/15. However, in review of the medical records provided, the treater does not document how this medication has been effective in management of pain and function. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. Due to lack of documentation, the request is not medically necessary.

**Lansoprazole (Prevacid) 30mg #120: 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): 69.

**Decision rationale:** The patient presents with neck pain, mid-back and low back pain, radiating to the bilateral lower extremities. The request is for Lansoprazole (Prevacid) 30 mg #120. Physical examination to the cervical spine on 06/01/15 revealed tenderness to palpation over the paraspinal muscles with spasm. Range of motion was limited with pain. Examination to the lumbar spine revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per 06/01/15 progress report, patient's diagnosis includes thoracic disc gen, lumbosacral neuritis nos, and cervicalgia. Patient's medications, per Primary Treating Physician's Request for Authorization dated 02/03/15 include Fenoprofen, Omeprazole, Cyclobenzaprine, Tramadol, Eszopiclone, and Sumatriptan Succinate. Patient's work status was not specified. MTUS pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, only one progress report was provided and the treater does not discuss this request. It appears that the patient has been utilizing this medication since at least 02/03/15. The treater does not document any gastrointestinal upset or irritation and there is no history of ulcers, either. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request is not medically necessary.

**Ondansetron 8mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 2015.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) chapter, under Antiemetics (for opioid nausea).

**Decision rationale:** The patient presents with neck pain, mid-back and low back pain, radiating to the bilateral lower extremities. The request is for Ondansetron 8 MG # 30. Physical examination to the cervical spine on 06/01/15 revealed tenderness to palpation over the paraspinal muscles with spasm. Range of motion was limited with pain. Examination to the lumbar spine revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per 06/01/15 progress report, patient's diagnosis includes thoracic disc gen, lumbosacral neuritis nos, and cervicgia. Patient's medications, per Primary Treating Physician's Request for Authorization dated 02/03/15 include Fenoprofen, Omeprazole, Cyclobenzaprine, Tramadol, Eszopiclone, and Sumatriptan Succinate. Patient's work status was not specified. ODG guidelines have the following regarding antiemetics: "ODG Guidelines, Pain (Chronic) chapter, Antiemetics (for opioid nausea): Not recommended for nausea and vomiting secondary to chronic opioid use. Ondansetron (Zofran): This drug is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also FDA-approved for postoperative use. Acute use is FDA-approved for gastroenteritis." In this case, only one progress report was provided and the treater does not discuss this request. It appears that the patient has been utilizing this medication since at least 02/03/15. The treater has not indicated that patient is postoperative, undergoing chemotherapy and radiation. ODG and FDA recommend this medication for acute gastroenteritis which this patient does not have. The request does not meet guideline indications. Therefore, the request is not medically necessary.

**Cyclobenzaprine Hydrochloride 7.5mg #120: 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 Muscle relaxants Page(s): 63-66.

**Decision rationale:** The patient presents with neck pain, mid-back and low back pain, radiating to the bilateral lower extremities. The request is for Cyclobenzaprine Hydrochloride 7.5 MG #120. Physical examination to the cervical spine on 06/01/15 revealed tenderness to palpation over the paraspinal muscles with spasm. Range of motion was limited with pain. Examination to the lumbar spine revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per 06/01/15 progress report, patient's diagnosis includes thoracic disc gen, lumbosacral neuritis nos, and cervicgia. Patient's medications, per Primary

Treating Physician's Request for Authorization dated 02/03/15 include Fenoprofen, Omeprazole, Cyclobenzaprine, Tramadol, Eszopiclone, and Sumatriptan Succinate. Patient's work status was not specified. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In this case, only one progress report was provided and the treater does not discuss this request. The utilization review letter dated 07/09/15 modified the request to #90. It appears that the patient has been utilizing this medication since at least 02/03/15. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 120 tablets, in addition to previous use of this medication does not imply short duration therapy. Therefore, the request is not medically necessary.

**Tramadol ER 150mg #90:** 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 Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

**Decision rationale:** The patient presents with neck pain, mid-back and low back pain, radiating to the bilateral lower extremities. The request is for Tramadol ER 150 MG #90. Physical examination to the cervical spine on 06/01/15 revealed tenderness to palpation over the paraspinal muscles with spasm. Range of motion was limited with pain. Examination to the lumbar spine revealed tenderness to palpation to the paravertebral muscles with spasm. Seated nerve root test was positive. Per 06/01/15 progress report, patient's diagnosis includes thoracic disc gen, lumbosacral neuritis nos, and cervicalgia. Patient's medications, per Primary Treating Physician's Request for Authorization dated 02/03/15 include Fenoprofen, Omeprazole, Cyclobenzaprine, Tramadol, Eszopiclone, and Sumatriptan Succinate. Patient's work status was not specified. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. In this case, only one progress report was provided and

the treater does not discuss this request. The utilization review letter dated 07/09/15 modified the request to #60. It appears that the patient has been utilizing this medication since at least 02/03/15. However, treater has not stated how Tramadol reduces pain and significantly improves patient's activities of daily living. There are no validated instruments addressing analgesia. There are no specific discussions regarding aberrant behavior, adverse reactions, ADL's, etc. No UDS's, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request is not medically necessary.