

<b>Case Number:</b>	CM15-0142385		
<b>Date Assigned:</b>	08/03/2015	<b>Date of Injury:</b>	12/06/2012
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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:

This injured worker is a 40-year-old male who reported an industrial injury on 12-6-2012. His diagnoses, and or impression, were noted to include: lumbago; cervicgia; lumbago; and shoulder, elbow and wrist pain. No current imaging studies were noted. His treatments were noted to include medication management; and a return to usual work duties. The progress notes of 6-4-2015 reported a follow-up visit for frequent, moderate, radiating cervical spine pain into the upper extremities, associated with migrainous headaches and tension between the shoulders, and aggravated by activities; and unchanged, frequent, moderate, and radiating low back pain into the lower extremities, aggravated by activities. Objective findings were noted to include no acute distress; tenderness and spasms in the cervical para-vertebral muscles with positive axial loading compression test, positive Spurling's maneuver and limited range-of-motion; and tenderness with spasms in the lumbar para-vertebral muscles with positive seated nerve root test and guarded, and restricted, range-of-motion. The physician's requests for treatments were noted to include refills of his medications, which were noted to include Relafen and Prevacid.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Relafen 750 mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

**Decision rationale:** The 40-year-old patient complains of pain in cervical spine, rated at 7/10, radiating to bilateral upper extremities, migraine headaches, and lower back pain, rated at 6/10, radiating to bilateral lower extremities, as per progress report dated 06/04/15. The request is for RELAFEN 750 mg #120. The RFA for this case is dated 07/07/15, and the patient's date of injury is 12/06/12. Diagnoses, as per progress report dated 06/04/15, included Cervicalgia and Lumbago. Medications included Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. The patient is working full duty, as per the same progress report. Regarding NSAID's, MTUS page 22 and Anti-inflammatory Medications section, supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, Relafen is only noted in a prescription dated 06/29/15. Two prior progress reports available for review, dated 02/14/13 and 12/18/13, document the use of Naproxen. In progress report dated 06/04/15, the treater states that medications are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintaining the activities of daily living. Given the impact of NSAIDs on the patient's ability to work and perform ADLs, the request appears reasonable and IS medically necessary.

**Prevacid 30 mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

**Decision rationale:** The 40-year-old patient complains of pain in cervical spine, rated at 7/10, radiating to bilateral upper extremities, migraine headaches, and lower back pain, rated at 6/10, radiating to bilateral lower extremities, as per progress report dated 06/04/15. The request is for PREVACID 30 mg #120. The RFA for this case is dated 07/07/15, and the patient's date of injury is 12/06/12. Diagnoses, as per progress report dated 06/04/15, included Cervicalgia and Lumbago. Medications included Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. The patient is working full duty, as per the same progress report. 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, Prevacid is only noted in a prescription dated 06/29/15. Two

prior progress reports available for review, dated 02/14/13 and 12/18/13, document the use of Omeprazole. In progress report dated 06/04/15, the treater states that medications are helping in curing and relieving the patient's symptomatology. The patient is taking Relafen (NSAID) and Prophylactic use of PPI is indicated by MTUS in such cases. However, treater has not provided GI risk assessment for prophylactic use of PPI, as required by MTUS. Provided progress reports do not show evidence of gastric problems, and the patient is under 65 years of age. This request does not meet the criteria enlisted by the guideline. Therefore, the request IS NOT medically necessary.

**Ondansetron 8 mg #30: Upheld**

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

**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 Ondansetron.

**Decision rationale:** The 40-year-old patient complains of pain in cervical spine, rated at 7/10, radiating to bilateral upper extremities, migraine headaches, and lower back pain, rated at 6/10, radiating to bilateral lower extremities, as per progress report dated 06/04/15. The request is for ONDANSETRON 8 mg #30. The RFA for this case is dated 07/07/15, and the patient's date of injury is 12/06/12. Diagnoses, as per progress report dated 06/04/15, included Cervicalgia and Lumbago. Medications included Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. The patient is working full duty, as per the same progress report. Transponder (Zofran) is a serotonin 5-HT<sub>3</sub> receptor antagonist. It is FDA-approved for nausea and vomiting secondary to chemotherapy and radiation treatment. ODG Guidelines, Pain (Chronic) chapter under Ondansetron (Zofran) states the following: Not recommended for nausea and vomiting secondary to chronic opioid use. In this case, Ondansetron is noted in a prescription dated 06/29/15 and in a prior progress report dated 12/18/13. In progress report dated 06/04/15, the treater states that medications are helping in curing and relieving the patient's symptomatology. While the patient is taking Tramadol (an opioid) for pain relief, ODG does not support the use of Zofran for nausea and vomiting secondary to chronic opioid use. Hence, the request IS NOT medically necessary.

**Cyclobenzaprine 7.5 mg #120: 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): 63-66.

**Decision rationale:** The 40-year-old patient complains of pain in cervical spine, rated at 7/10, radiating to bilateral upper extremities, migraine headaches, and lower back pain, rated at 6/10, radiating to bilateral lower extremities, as per progress report dated 06/04/15. The request is for CYCLOBENZAPRINE 7.5 mg #120. The RFA for this case is dated 07/07/15, and the patient's date of injury is 12/06/12. Diagnoses, as per progress report dated 06/04/15, included Cervicalgia and Lumbago. Medications included Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. The patient is working full duty, as per the same progress report. MTUS pg 63-66 states: "Muscle relaxants section: Recommend non-sedating muscle

relaxants with caution as a second-line option for short-term treatment of acute exacerbation 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. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." MTUS, Chronic Pain Medication Guidelines, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodon 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, Cyclobenzaprine is noted in a prescription dated 06/29/15 as well as in two prior progress reports available for review, dated 02/14/13 and 12/18/13. In progress report dated 06/04/15, the treater states that medications are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintaining the activities of daily living. In Prescription dated 12/18/13, the treater states that the patient was provided with a brief course of this in the past and noted significant improvement in spasms. It is not clear when this medication was initiated and if the patient has been taking it consistently or not. Although the medication appears efficacious, MTUS recommends Cyclobenzaprine, only for a short period (no more than 2-3 weeks). Therefore, the request of # 120 IS NOT medically necessary.

**Tramadol ER 150 mg #90: 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 CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 60,61, 76-78, 88,89.

**Decision rationale:** The 40-year-old patient complains of pain in cervical spine, rated at 7/10, radiating to bilateral upper extremities, migraine headaches, and lower back pain, rated at 6/10, radiating to bilateral lower extremities, as per progress report dated 06/04/15. The request is for TRAMADOL ER 150 mg #90. The RFA for this case is dated 07/07/15, and the patient's date of injury is 12/06/12. Diagnoses, as per progress report dated 06/04/15, included Cervicalgia and Lumbago. Medications included Nabumetone, Prevacid, Ondansetron, Cyclobenzaprine, and Tramadol. The patient is working full duty, as per the same progress report. 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." 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, Tramadol is noted in a prescription dated 06/29/15 as well as in two prior progress reports available for review, dated 02/14/13 and 12/18/13. In progress report dated 06/04/15, the treater states that medications are helping in curing and relieving the patient's symptomatology. They are improving the patient's activities of daily living and making it possible for him to continue working and/or maintaining

the activities of daily living. It is not clear when this medication was initiated and if the patient has been taking it consistently or not. In this case, treater has not stated how Tramadol (Ultram) reduces pain and significantly improves patient's activities of daily living. There are no pain scales or validated instruments addressing analgesia. MTUS states that "function should include social, physical, psychological, daily and work activities." There are no specific discussions regarding aberrant behavior, adverse reactions, ADLs, etc. No UDS, opioid pain agreement or CURES reports. MTUS requires appropriate discussion of the 4A's. MTUS p80, 81 states regarding chronic low back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Long-term use of opiates may be indicated for nociceptive pain as it is Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer). However, this patient does not present with pain that is "presumed to be maintained by continual injury." Hence, the request IS NOT medically necessary.