

<b>Case Number:</b>	CM15-0145208		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	05/12/2015
<b>Decision Date:</b>	09/21/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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 53 year old male who reported an industrial injury 5-12-2015. His diagnoses, and or impression, were noted to include: possible lumbar discogenic pain with possible bilateral lumbar-lumbosacral facet pain; constant bilateral lumbosacral radicular pain, left > right; possible cervical discogenic pain, possible bilateral cervical facet pain, with cervical sprain-strain; and referred bilateral shoulder pain from the cervical spine. No current imaging studies were noted. His treatments were noted to include: diagnostic x-rays; medication management; and rest from work as he was noted to have been terminated. The progress notes of 7-8-2015 reported constant, moderate low back pain that radiated into the bilateral lower extremities, left > right, and associated with numbness, tingling, cramps and weakness; and constant, moderate and radiating neck pain into both shoulders; and that his pain was alleviated by rest and medications. Objective findings were noted to include cervical mid-line tenderness, bilateral cervical facet tenderness and bilateral trapezius tenderness with positive facet loading in the cervical spine, and painful cervical movement; lumbosacral mid-line tenderness, bilateral lumbar facet tenderness and bilateral sacroiliac and sciatic notch tenderness, along with painful thoracic and lumbar spine movement; positive straight leg raise and Lasegues tests; altered sensation in the bilateral lumbar nerve roots, left > right; and mild weakness in the bilateral lower extremities. The physician's requests for treatments were noted to include the continuation of Ultram, Flexeril, Anaprox and Prilosec.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Ultram 50mg #30 for DOS 6/2/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

**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, 113.

**Decision rationale:** The patient was injured on 05/12/15 and presents with low back pain radiating into the left lower extremity with tingling/numbness/weakness/cramps and constant neck pain radiating into both shoulders. The retrospective request is for ULTRAM 50 MG #30 FOR DOS 06/02/15. The RFA is dated 06/02/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 06/02/15 and there are two treatment reports provided from 06/02/15 and 07/08/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "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 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4A's (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 Guidelines, under Opioids For Chronic Pain, pages 80 and 81 state the following 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." The 06/02/15 and 07/08/15 reports state that the patient rates his pain as a 5-6/10. His pain "somewhat improve with medications and rest." The patient had a urine drug screen on 07/08/15 and was not consistent with Tramadol and Desmethyyl Tramadol. Although there are general pain scales provided, there are no before and after medication pain scales provided. There are no examples of ADLs, which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. No validated instruments are used either. There are no pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Ultram IS NOT medically necessary.

**Retrospective Flexeril 7.5mg #30 for DOS 6/2/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

**Decision rationale:** The patient was injured on 05/12/15 and presents with low back pain radiating into the left lower extremity with tingling/numbness/weakness/cramps and constant neck pain radiating into both shoulders. The retrospective request is for FLEXERIL 7.5 MG #30 FOR DOS 06/02/15. The RFA is dated 06/02/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 06/02/15 and there are two treatment reports provided from 06/02/15 and 07/08/15. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the 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." The 07/08/15 report states that the patient has muscle spasm involving neck and back. He has midline tenderness extending from C3-C7, bilateral cervical facet tenderness over C4-C5 and C5-C6, bilateral trapezius tenderness, a positive facet loading along the cervical spine, a painful cervical spine range of motion, tenderness along L3-S1, bilateral lumbar facet tenderness at L4-L5 and L5-S1, bilateral mild sacroiliac and sciatic notch tenderness, painful thoracic/lumbar spine range of motion, a positive straight leg raise at 60 degrees, and a positive Lasegue at 60 degrees. He is diagnosed with possible lumbar discogenic pain with possible bilateral lumbar-lumbosacral facet pain; constant bilateral lumbosacral radicular pain, left > right; possible cervical discogenic pain, possible bilateral cervical facet pain, with cervical sprain-strain; and referred bilateral shoulder pain from the cervical spine. MTUS Guidelines do not recommend the use of cyclobenzaprine for longer than 2 to 3 weeks. The patient has been taking this medication as early as 06/02/15, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Flexeril IS NOT medically necessary.

**Retrospective Anaprox 550mg #60 for DOS 6/2/2015:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

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

**Decision rationale:** The patient was injured on 05/12/15 and presents with low back pain radiating into the left lower extremity with tingling/numbness/weakness/cramps and constant neck pain radiating into both shoulders. The retrospective request is for ANAPROX 550 MG #60 FOR DOS 06/02/15. The RFA is dated 06/02/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 06/02/15 and there are two treatment reports provided from 06/02/15 and 07/08/15. MTUS Guidelines, Anti-inflammatory medications, page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The 07/08/15 report states that the patient has muscle spasm involving neck and

back. He has midline tenderness extending from C3-C7, bilateral cervical facet tenderness over C4-C5 and C5-C6, bilateral trapezius tenderness, a positive facet loading along the cervical spine, a painful cervical spine range of motion, tenderness along L3-S1, bilateral lumbar facet tenderness at L4-L5 and L5-S1, bilateral mild sacroiliac and sciatic notch tenderness, painful thoracic/lumbar spine range of motion, a positive straight leg raise at 60 degrees, and a positive Lasegue at 60 degrees. He is diagnosed with possible lumbar discogenic pain with possible bilateral lumbar-lumbosacral facet pain; constant bilateral lumbosacral radicular pain, left > right; possible cervical discogenic pain, possible bilateral cervical facet pain, with cervical sprain-strain; and referred bilateral shoulder pain from the cervical spine. The 06/02/15 and 07/08/15 reports state that the patient rates his pain as a 5-6/10. His pain "somewhat improve with medications and rest." The treater does not specifically discuss efficacy of Anaprox on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Anaprox IS NOT medically necessary.

**Retrospective Prilosec 20mg #30 for DOS 6/2/2015: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

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

**Decision rationale:** The patient was injured on 05/12/15 and presents with low back pain radiating into the left lower extremity with tingling/numbness/weakness/cramps and constant neck pain radiating into both shoulders. The retrospective request is for PRILOSEC 20 MG #30 FOR DOS 06/02/15. The utilization review denial letter did not provide a rationale. The RFA is dated 06/02/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 06/02/15 and there are two treatment reports provided from 06/02/15 and 07/08/15. MTUS Guidelines, NSAIDs, page 60 and 69 state that omeprazole is recommended with precaution for patients at risk for gastrointestinal events: 1.Age greater than 65. 2.History of peptic ulcer disease and GI bleeding or perforation. 3.Concurrent use of ASA or corticosteroid and/or anticoagulant. 4.High dose/multiple NSAID.MTUS page 69 states, "NSAIDs, GI symptoms, and cardiovascular risks: Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2 receptor antagonist or a PPI." The patient is diagnosed with possible lumbar discogenic pain with possible bilateral lumbar- lumbosacral facet pain; constant bilateral lumbosacral radicular pain, left > right; possible cervical discogenic pain, possible bilateral cervical facet pain, with cervical sprain-strain; and referred bilateral shoulder pain from the cervical spine. The 07/08/15 report states that the patient gives history of medications induced gastritis [and] dyspepsia. As of 07/08/15, the patient is taking Anaprox, Flexeril, and Ultram. In this case, the treater is requesting for Prilosec for the patient's gastritis and dyspepsia. The patient is also taking Anaprox which is an NSAID. Given that the patient continues to have gastritis and dyspepsia, the requested Prilosec appears reasonable. Use of PPIs is indicated for dyspepsia and other stomach issues, as this patient presents with. Therefore, the requested Prilosec IS medically necessary.