

<b>Case Number:</b>	CM15-0160479		
<b>Date Assigned:</b>	08/26/2015	<b>Date of Injury:</b>	01/17/2006
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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: Texas, California

Certification(s)/Specialty: Family Practice

### 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 38-year-old male sustained an industrial injury to the low back on 1-17-06. Recent treatment consisted of weight loss and medication management. Documentation did not disclose recent magnetic resonance imaging. The injured worker was prescribed Tramadol, Norco, Naproxen Sodium, Protonix and Cyclobenzaprine. In a follow-up consultation dated 7-3-15, the injured worker complained of low back pain with right lower extremity symptoms, rated 8 out of 10 on the visual analog scale. The injured worker was requiring about how much weight loss was required in order to proceed with recommended lumbar decompression. The injured worker had lost 56 pounds after a weight loss program. The physician noted that medications facilitated maintenance of activities of daily living. The injured worker had a history of gastrointestinal upset with non-steroidal anti-inflammatory medications. Physical exam was remarkable for lumbar spine with limited and painful range of motion, positive right straight leg raise and difficulty rising from seated position. Current diagnoses included protrusion L5-S1 with S1 neural encroachment and status post remote lumbar surgery times two. The treatment plan included continuing weight loss program, proceeding lumbar decompression at L5-S1 and continuing medications (Tramadol ER, Naproxen Sodium, Protonix, Cyclobenzaprine and Norco). The patient's surgical history includes lumbar surgery in 2002 and 2006. The patient had received an unspecified number of PT visits for this injury. The patient has had EMG of lower extremity in 2010 that was normal. The patient has had X-ray of the lumbar spine in 2011 that revealed degenerative changes; CT scan of the lumbar spine in 2011 that revealed degenerative changes, foraminal narrowing and post-surgical changes. The patient has had MRI of the lumbar

spine on 4/29/2014 that revealed disc protrusions, central canal narrowing, and degenerative changes. A recent urine drug screen report was not specified in the records provided. The patient has had history of muscle spasm.

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

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

#### **Hydrocodone 10/325 #60 (prescribed 7/3/15): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter (Online version).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80, Criteria For Use Of Opioids, Therapeutic Trial of Opioids.

**Decision rationale:** Hydrocodone 10/325 #60 (prescribed 7/3/15) Hydrocodone is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain." In a follow-up consultation dated 7-3-15, the injured worker complained of low back pain with right lower extremity symptoms, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with limited and painful range of motion, positive right straight leg raise and difficulty rising from seated position. Current diagnoses included protrusion L5-S1 with S1 neural encroachment and status post remote lumbar surgery times two. The patient's surgical history include lumbar surgery in 2002 and 2006. The patient has had X-ray of the lumbar spine in 2011 that revealed degenerative changes; CT scan of the lumbar spine in 2011 that revealed degenerative changes, foraminal narrowing and post-surgical changes. The patient has had MRI of the lumbar spine on 4/29/2014 that revealed disc protrusions, central canal narrowing, and degenerative changes. Therefore, there are significant objective abnormalities on physical examination and imaging studies. There is no evidence of aberrant behavior. The notes stated that the medications facilitated maintenance of the pt's activities of daily living. Patient has had a trial of Tramadol, NSAID and muscle relaxant for this injury. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Hydrocodone 10/325 #60 (prescribed 7/3/15) is medically necessary and appropriate in this patient.

#### **Retrospective Tramadol 150mg two by mouth per day #60 (DOS 7/3/15): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation ODG, Pain Chapter (Online version).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), Page 75, Central acting analgesics: Page 82, Opioids for neuropathic pain.

**Decision rationale:** Retrospective Tramadol 150mg two by mouth per day #60 (DOS 7/3/15) Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; & (3) treatment of neuropathic cancer pain." Tramadol can be used for chronic pain and for treatment of episodic exacerbations of severe pain. In a follow-up consultation dated 7-3-15, the injured worker complained of low back pain with right lower extremity symptoms, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with limited and painful range of motion, positive right straight leg raise and difficulty rising from seated position. Current diagnoses included protrusion L5-S1 with S1 neural encroachment and status post remote lumbar surgery times two. The patient's surgical history includes lumbar surgery in 2002 and 2006. The patient has had X-ray of the lumbar spine in 2011 that revealed degenerative changes; CT scan of the lumbar spine in 2011 that revealed degenerative changes, foraminal narrowing and post surgical changes. The patient has had MRI of the lumbar spine on 4/29/2014 that revealed disc protrusions, central canal narrowing, and degenerative changes. Therefore, there are significant objective abnormalities on physical examination and imaging studies. Patient is already taking a NSAID and a muscle relaxant. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. The notes stated that the medications facilitated maintenance of the pt's activities of daily living. Having Tramadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Retrospective Tramadol 150mg two by mouth per day #60 (DOS 7/3/15) is medically appropriate and necessary.

**Retrospective Cyclobenzaprine 7.5mg one by mouth three times per day for intractable spasm #90 (DOS 7/3/15):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG (<http://odg-twc.com/odgtwc/pain.htm>).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page 41-42, NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

**Decision rationale:** Retrospective Cyclobenzaprine 7.5mg one by mouth three times per day for intractable spasm #90 (DOS 7/3/15). According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." In a follow-up consultation dated 7-3-15, the injured worker complained of low back pain with right lower extremity symptoms, rated 8 out of 10 on the visual analog scale. Physical exam was remarkable for lumbar spine with limited and painful range of motion, positive right straight leg raise and difficulty rising from seated position. Current diagnoses included protrusion L5-S1 with S1 neural encroachment and status post remote lumbar surgery times two. The patient's surgical history includes lumbar surgery in 2002 and 2006. The patient has had X-ray of the lumbar spine in 2011 that revealed degenerative changes; CT scan of the lumbar spine in 2011 that revealed degenerative changes, foraminal narrowing and post-surgical changes. The patient has had MRI of the lumbar spine on 4/29/2014 that revealed disc protrusions, central canal narrowing, and degenerative changes. The patient has had history of muscle spasm. The notes stated that the medications facilitated maintenance of the pt's activities of daily living. The patient also has chronic conditions with abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore with this, it is deemed that, the use of the muscle relaxant Retrospective Cyclobenzaprine 7.5mg one by mouth three times per day for intractable spasm #90 is medically appropriate and necessary in this patient.