

<b>Case Number:</b>	CM15-0162167		
<b>Date Assigned:</b>	08/28/2015	<b>Date of Injury:</b>	06/17/2013
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	07/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/18/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 33 year old female, who sustained an industrial injury on 6-17-2013. She reported low back pain after reaching out with her right arm while twisting her back into an awkward position. The injured worker was diagnosed as having low back pain with radiculopathy, lumbago. Treatment to date has included medications, physical therapy, magnetic resonance imaging of the lumbar spine, x-rays of the lumbar spine, lumbar spine nerve block (5-13-2015, 5-20-2015), electrodiagnostic studies (1-9-2015). The request is for Cyclobenzaprine, diclofenac sodium and Tramadol. On 3-14-2014, she reported low back pain that is increasing. She rated her pain 7 out of 10, and indicated it radiated into the right buttocks. She indicated she has weakness in her right leg and it will buckle on occasion. Her work status is restricted. The treatment plan included: x-rays, magnetic resonance imaging of the lumbar spine, Gabapentin-Pyridoxine, referral to rehabilitation, DEXA scan, and continue medications. The medications are: Gabapentin-Pyridoxine. On 5-26-2015, she is reported to have good decrease of her low back pain for a few days with medial branch nerve blocks completed in May however the pain has returned. She rated her current pain as 7 out of 10. The treatment plan included: continuing medications, bilateral lumbar radiofrequency ablation, continue activities as tolerated. The medications are: Fexmid, Ultram ER and Voltaren XR. On 6-9-2015, she reported low back pain. The treatment plan included: stretching, losing weight, additional evaluations, work conditioning, and transdermal creams.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO Diclofenac Sodium 100mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs, Diclofenac.

**Decision rationale:** According to California MTUS Guidelines, oral NSAIDs, such as Diclofenac (Voltaren), are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, acute low back pain (LBP), short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. According to the ODG, there is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain in this condition. Physicians should measure transaminases periodically in patients receiving long-term therapy with Diclofenac. In this case, there is indication of long term use of NSAIDs, however, without noted benefit. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested medication was not established. The requested medication was not medically necessary.

**RETRO Tramadol 150mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** Per the CA MTUS, Tramadol (Ultram) is a synthetic opioid affecting the central nervous system that is not recommended as a first line oral analgesic. The CA MTUS indicates the 4 A's for ongoing monitoring should be documented for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The CA MTUS indicates opioids for neuropathic pain are not recommended as a first line therapy. Opioid analgesics and Tramadol have been suggested as a second line treatment (alone or in combination with first line drugs). The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. The CA MTUS Chronic Pain Medical Treatment Guidelines indicates that management of opioid therapy should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the

period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is no discussion of her: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. There was no discussion of: functional status, appropriate medication use, and side effects. Medical necessity for the requested medication was not established. The requested treatment with Tramadol was not medically necessary.

**RETRO Cyclobenzaprine 7.5mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain), Cyclobenzaprine (Flexeril).

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. Cyclobenzaprine-treated patients with fibromyalgia were 3 times as likely to report overall improvement and to report moderate reductions in individual symptoms, particularly sleep. According to the CA MTUS all therapies must be focused on the goal of functional restoration rather than just the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement, with functional improvement being documented in reduction of pain, increased pain control, and improved quality of life. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit; and a reduction in the dependency on continued medical treatment. In this case, there is indication of long term use of Cyclobenzaprine without noted benefit. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Based on the currently available information, the medical necessity for this muscle relaxant was not established. The requested treatment was not medically necessary.