

<b>Case Number:</b>	CM15-0163276		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/16/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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 56-year-old male, who sustained an industrial injury on 2-16-12. The injured worker was diagnosed as having a closed head injury. Treatment to date has included medication and hot packs. On 3-20-15 and 4-30-15, pain was rated as 6-7 of 10. The injured worker had been taking Baclofen, Ibuprofen, Omeprazole, and Tramadol since at least 1-23- 15. Currently, the injured worker complains of head and neck pain. The treating physician requested authorization for Baclofen 10mg #60, Ibuprofen 800mg #60, Omeprazole DR 20mg #60, and Tramadol HCL 50mg #90 all for the dated 7-8-15.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Baclofen 10mg per 7/8/15 order #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).

**Decision rationale:** The patient presents with pain in the head and the neck. The request is for BACLOFEN 10MG PER 7/8/15 ORDER #60. Examination to the cervical spine on 03/20/15 revealed straightening of the normal lordotic curvature. Range of motion was normal. Per 04/30/15 progress report, patient's diagnosis includes closed head injury. Patient's medications, per 01/28/15 progress report include Baclofen, Ibuprofen, Omeprazole, and Tramadol. Patient's work status is regular duties. Regarding muscle relaxants for pain, MTUS Guidelines, page 63, Muscle Relaxants (for pain) section states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. In addition, there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include Chlorzoxazone, Methocarbamol, Dantrolene and Baclofen."The treater has not discussed this request; no RFA was provided either. Review of the medical records provided indicates that the patient has been prescribed Baclofen from 01/23/15 through 06/30/15. However, the treater has not documented the efficacy of this medication in terms of pain reduction and functional improvement. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Furthermore, MTUS Guidelines do not recommend use of muscle relaxants for longer than 2 to 3 weeks, and the requested 60 tablets, in addition to prior use does not imply short duration therapy. Therefore, the request IS NOT medically necessary.

**Ibuprofen 800mg per 7/8/15 order #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): Anti-inflammatory medications.

**Decision rationale:** The patient presents with pain in the head and the neck. The request is for IBUPROFEN 800MG PER 7/8/15 ORDER #60. Examination to the cervical spine on 03/20/15 revealed straightening of the normal lordotic curvature. Range of motion was normal. Per 04/30/15 progress report, patient's diagnosis includes closed head injury. Patient's medications, per 01/28/15 progress report include Baclofen, Ibuprofen, Omeprazole, and Tramadol. Patient's work status is regular duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not discuss this request; no RFA was provided either. Patient has received prescriptions for Ibuprofen from 01/23/15 through 06/30/15. In this case, the treater has not documented how this

medication has been effective in management of patient's pain and function. MTUS page 60 require recording of pain and function when medications are used for chronic pain. Given the lack of documentation, as required by guidelines, the request IS NOT medically necessary.

**Omeprazole DR 20mg per 7/8/15 order #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): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The patient presents with pain in the head and the neck. The request is for OMEPRAZOLE DR 20MG PER 7/8/15 ORDER #60. Examination to the cervical spine on 03/20/15 revealed straightening of the normal lordotic curvature. Range of motion was normal. Per 04/30/15 progress report, patient's diagnosis includes closed head injury. Patient's medications, per 01/28/15 progress report include Baclofen, Ibuprofen, Omeprazole, and Tramadol. Patient's work status is regular duties. MTUS Guidelines, pg 69, NSAIDs, GI symptoms & cardiovascular risk Section states, "Clinicians should weigh 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." Treater does not discuss this request; no RFA was provided either. Review of the medical records provided indicates that the patient was prescribed Omeprazole from 01/23/15 through 06/30/15. In this case, 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.

**Tramadol HCL 50mg per 7/8/15 order #90:** 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, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with pain in the head and the neck. The request is for TRAMADOL HCL 50MG PER 7/8/15 ORDER #90. Examination to the cervical spine on 03/20/15 revealed straightening of the normal lordotic curvature. Range of motion was normal. Per 04/30/15 progress report, patient's diagnosis includes closed head injury. Patient's medications, per 01/28/15 progress report include Baclofen, Ibuprofen, Omeprazole, and Tramadol. Patient's work status is regular duties. MTUS Guidelines Criteria for Use of Opioids (Long-Term Use of Opioids) Section, Pages 88-89 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 p 77 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, 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." The treater does not discuss this request and no RFA was provided either. Review of the medical records provided indicates that the patient received prescriptions for Tramadol from 01/23/15 through 07/08/15. However, treater has not discussed how Tramadol decreased pain and significantly improved patient's activities of daily living. While UDS results are consistent with patient's medication, no opioid pain agreement, or CURES reports addressing aberrant behavior was provided. There were no discussions regarding specific adverse effects, aberrant behavior, ADL's, etc. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.