

<b>Case Number:</b>	CM15-0187209		
<b>Date Assigned:</b>	09/29/2015	<b>Date of Injury:</b>	01/16/2012
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2015

### 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, Pain Management

### 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 is a 52 year old female with a date of injury of January 16, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, headache, lumbar post laminectomy syndrome, and opioid dependence. Medical records dated August 12, 2105 indicate that the injured worker complains of pain in the head, neck right shoulder, right arm, right elbow, right hand , right thumb, bilateral legs and bilateral knees associated with tingling in the right arm, right hand, and both feet, and numbness and weakness in both legs. Records also indicate the pain was rated at a level of 9 out of 10, 5 out of 10 at its best and 10 out of 10 at its worst. The progress note states that the injured worker avoids going to work, socializing with friends, physically exercising, performing some household chores, participating in recreation, doing yard work, and shopping because of the pain. A progress note dated September 9, 2015 notes subjective complaints similar to those reported on August 12, 2015. Per the treating physician (September 9, 2015), the employee was temporarily totally disabled. The physical exam dated August 12, 2015 reveals decreased range of motion of the cervical spine, tenderness to palpation over the bilateral superior trapezius and levator scapulae, decreased range of motion of the lumbar spine, tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms, positive lumbar facet loading bilaterally, and sacroiliac joint tenderness on the right. The progress note dated September 9, 2015 documented a physical examination that showed no changes since the examination conducted on August 12, 2015. Treatment has included an unknown number of physical therapy sessions for the knee, knee surgery, epidural steroid injection in 2014, unknown number of acupuncture treatments,

transcutaneous electrical nerve stimulator unit, and medications (Norco, Cyclobenzaprine, Nortriptyline 10mg, Topiramate 100mg, Omeprazole 20mg, Sumatriptan 100mg, and Tramadol 50mg since at least May of 2015; Trazodone 50mg since at least June of 2015). The urine drug testing result dated July 15, 2015 was negative for all tested medications. The original utilization review (September 21, 2015) non-certified a request for Sumatriptan 100mg #30, Cyclobenzaprine 7.5mg #60, Omeprazole 20mg #60, and Tramadol 50mg #60.

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

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

#### **Sumatriptan 100mg #30, per 9/9/15 order: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head - Triptans.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans.

**Decision rationale:** Regarding this medication request, the California MTUS does not contain criteria regarding the use of triptan medications. ODG states the triptans are recommended for migraine sufferers. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, and how the headaches have responded to the use of triptan medication. In the absence of clarity regarding those issues, the currently requested triptan is not medically necessary.

#### **Cyclobenzaprine 7.5mg #60, per 9/9/15 order: 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:** Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

**Omeprazole 20mg #60, per 9/9/15 order: 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:** Regarding the request for omeprazole (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the documentation available for review, there is no indication that the patient has complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. In light of the above issues, the currently requested omeprazole (Prilosec) is not medically necessary.

**Tramadol 50mg #60, per 9/9/15 order: 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 (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

**Decision rationale:** Regarding the request for Ultram (tramadol), Chronic Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain as the most recent progress notes indicate that the patient's pain has no changed. Furthermore, a recent urine drug test was positive for THC despite the patient denying marijuana use. Lastly, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol) is not medically necessary.