

<b>Case Number:</b>	CM15-0188768		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	09/25/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 is a 44 year old male with a date of injury on 9-25-14. A review of the medical records indicates that the injured worker is undergoing treatment for neck and lower back pain. Pain evaluation report dated 6-24-15 reports pain ranges from 6-10 out of 10 and is 8 out of 10 on average. The pain has a high level interference with all activities and sleep. Progress report dated 6-16-15 reports continued complaints of neck and back pain. Objective findings: cervical and lumbar spine have tenderness and spasm. Treatments include: medication, physical therapy, chiropractic, shock-wave, injections, massage and acupuncture. Request for authorization dated 8-12-15 was made for pantoprazole 20 mg quantity 60, Tramadol 150 mg quantity 60 and cyclobenzaprine 7.5 mg quantity 90. Utilization review dated 9-10-15 modified request for Tramadol and certified quantity 45, pantoprazole 20 mg quantity 60 and Tramadol 150 mg, cyclobenzaprine 7.5 mg quantity 90 were non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Tramadol 150mg, #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The patient presents with neck and back pain. The request is for Tramadol 150MG, #60. The request for authorization is dated 08/12/15. MRI of the cervical spine, 07/11/15, shows disc desiccation at C2-C3 down to C5-C6. MRI of the lumbar spine, 07/11/15, shows disc desiccation at L1-L2 down to L5-S1 with decreased disc height at L5-S1. Patient's diagnoses include cervical spine HNP and lumbar spine HNP. Physical examination reveals cervical spine and lumbar spine tenderness, decreased range of motion, and spasms. Patient's medications include Compound Cream, Naproxen, Pantoprazole, Tramadol, and Cyclobenzaprine. Per progress report dated 08/12/15, the patient is returned to modified work. MTUS, criteria for use of opioids section, pages 88 and 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, criteria for use of opioids section, 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, criteria for use of opioids section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, page 113 regarding 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. Treater does not specifically discuss this medication. Patient has been prescribed Tramadol since at least 06/16/15. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Tramadol significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is not discussed, specifically showing pain reduction with use of Tramadol. There is no documentation regarding adverse effects and aberrant drug behavior. A UDS dated 05/26/15 is provided for review. In this case, treater does not adequately discuss the 4A's as required by MTUS. Therefore, the request is not medically necessary.

**Pantoprazole 20mg, #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 neck and back pain. The request is for Pantoprazole 20MG, #60. The request for authorization is dated 08/12/15. MRI of the cervical spine, 07/11/15, shows disc desiccation at C2-C3 down to C5-C6. MRI of the lumbar spine,

07/11/15, shows disc desiccation at L1-L2 down to L5-S1 with decreased disc height at L5-S1. Patient's diagnoses include cervical spine HNP and lumbar spine HNP. Physical examination reveals cervical spine and lumbar spine tenderness, decreased range of motion, and spasms. Patient's medications include Compound Cream, Naproxen, Pantoprazole, Tramadol, and Cyclobenzaprine. Per progress report dated 08/12/15, the patient is returned to modified work. MTUS guidelines, NSAIDs, GI symptoms & cardiovascular risk section, page 68 states that PPI 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 continues to state, "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." MTUS pg. 69 states "NSAIDs, Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI, PPI's are also allowed for prophylactic use along with NSAIDS, with proper GI assessment, such as age greater than 65, concurrent use of oral anticoagulants, ASA, high dose of NSAIDs, or history of peptic ulcer disease, etc." Treater does not specifically discuss this medication. Patient has been prescribed Pantoprazole since at least 06/16/15. The patient is taking Naproxen, an NSAID. However, treater does not provide GI risk assessment for prophylactic use of PPI, as required by MTUS. Additionally, treater does not discuss how the patient is doing, document what specific GI symptoms the patient has, and why he need to continue with this medication. Therefore, given the lack of documentation, the request is not medically necessary.

**Cyclobenzaprine 7.5mg, #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): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** The patient presents with neck and back pain. The request is for Cyclobenzaprine 7.5MG, #90. The request for authorization is dated 08/12/15. MRI of the cervical spine, 07/11/15, shows disc desiccation at C2-C3 down to C5-C6. MRI of the lumbar spine, 07/11/15, shows disc desiccation at L1-L2 down to L5-S1 with decreased disc height at L5-S1. Patient's diagnoses include cervical spine HNP and lumbar spine HNP. Physical examination reveals cervical spine and lumbar spine tenderness, decreased range of motion, and spasms. Patient's medications include Compound Cream, Naproxen, Pantoprazole, Tramadol, and Cyclobenzaprine. Per progress report dated 08/12/15, the patient is returned to modified work. MTUS, Muscle relaxants (for pain) section, Soma, page 63-66 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. The most commonly prescribed antispasmodic agents are Carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their 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...Carisoprodol (Soma, Soprodal 350, Vanadom, generic available):

Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. Treater does not specifically discuss this medication. This appears to be the initial trial prescription for Cyclobenzaprine. However, MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. In this case, treater does not discuss or document this medication will only be used for short-term and for no longer than 2 to 3 weeks. Additionally, the request for Cyclobenzaprine #90 would exceed MTUS recommendation and does not indicate intended short-term use. Therefore, the request is not medically necessary.