

<b>Case Number:</b>	CM15-0192933		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	06/28/2014
<b>Decision Date:</b>	12/10/2015	<b>UR Denial Date:</b>	09/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: 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:

The injured worker is a 38 year old male, who sustained an industrial-work injury on 6-28-14. He reported initial complaints of lumbar and shoulder pain. The injured worker was diagnosed as having lumbar sprain, lumbosacral neuritis, and shoulder sprain. Treatment to date has included medication, acupuncture, and home exercise program (HEP). Currently, the injured worker complains of a flare up of lower back symptoms with increased pain with sitting or standing too long. The exercise program and medication gave some relief. Per the primary physician's progress report (PR-2) on 7-22-15, exam noted lumbar spine tenderness with palpation with slight spasm over the posterior paravertebral muscles, tenderness over the right gluteal muscle, positive straight leg raise with increased radicular pain down the left lower extremity in the L4-5 nerve root distribution, and decreased range of motion. Current plan of care includes items for treatment. The Request for Authorization requested service to include LSO (lumbosacral) brace, Ultram 50 mg Qty 120, Prilosec 20 mg Qty 30, and Fexmid 7.5 mg Qty 60. The Utilization Review on 9-22-15 denied the request for LSO (lumbosacral) brace, Ultram 50 mg Qty 120, Prilosec 20 mg Qty 30, and Fexmid 7.5 mg Qty 60., per CA MTUS (California Medical Treatment Utilization Schedule) Guidelines, Low Back Complaints 2004.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LSO (lumbosacral) brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back, Lumbar & Thoracic (Acute & Chronic) - Lumbar supports.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods, Summary.

**Decision rationale:** The MTUS/ACOEM Guidelines comment on the use of LSO (lumbosacral) bracing as a treatment modality. These guidelines state the following: "Lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief." The use of these devices has been given category "D" evidence. Specifically, that there is no evidence-based research that indicates the long-term effectiveness of a LSO brace. There is insufficient evidence in the medical records that use of a LSO brace has resulted in improved outcomes to include a reduction in the use of analgesic medications or improved function. Further, the records indicate that the LSO brace is intended for long-term use. As noted in the above cited MTUS guidelines lumbar supports are only recommended in the acute phase. For these reasons, a LSO brace is not medically necessary.

**Ultram 50 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids. These guidelines have established criteria of the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an 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. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in

support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the time frame required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Anexia is not medically necessary.

**Prilosec 20 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs), including Prilosec, as a treatment modality. In general, PPIs are used to treat patients who are at moderate or high-risk of a serious gastrointestinal side effect from NSAID use. These serious GI events include ulcers, perforation and GI bleeding. In determining whether a PPI is appropriate, clinicians should weight the indications for NSAIDs against known GI risk factors. These risk factors include the following: (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). In this case, there is insufficient evidence that the patient has any of these GI risk factors. Under these conditions, the guidelines state that use of a PPI is not recommended. For this reason, the use of Prilosec is not medically necessary.

**Fexmid 7.5 mg Qty 60:** Upheld

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

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

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of cyclobenzaprine, (also known as Fexmid), as a treatment modality. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Fexmid) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate that cyclobenzaprine is being used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, only short-term use is recommended. There is no evidence in the medical records that cyclobenzaprine has been associated with improved functional outcomes. For these reasons, Fexmid is not medically necessary.