

<b>Case Number:</b>	CM15-0197940		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	12/29/2004
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 50 year old female, who sustained an industrial injury on 12-29-04. The injured worker was diagnosed as having myofascial low back pain; lumbar intradiscal component; lumbar radiculopathy. Treatment to date has included physical therapy; epidural steroid injections; medications. Currently, the PR-2 notes dated 8-14-15 indicated the injured worker complains of low back pain with lower extremity symptoms rated "7 out of 10". She reports his original injury as trauma to her head and continues to complain of headache as well as intermittent cognitive changes and expresses concern. The provider notes that "compound does facilitate diminution in pain and improves tolerance to activity." She desires to continue the compound. He documents that medication at its current dosing facilitates maintenance of activities of daily living (ADL's) with examples given as light household duties, shopping for groceries, grooming and cooking. He lists Tramadol ER 150mg, Omeprazole and Cyclobenzaprine. Objective findings are documents by the provider as "Tenderness lumbar spine, lumbar range of motion: flexion 40 degrees, extension 35 degrees, bilateral lateral tilt 30 degrees, bilateral rotation 35 degrees, spasm of the lumboparaspinal musculature. Difficulty arising from seated position." His treatment plan included a request for lumbar epidural steroid injection, consultation for pain management and neurologist, back brace - LSO, and DNA-genetic testing to rule out metabolic pathway for proper medication selection management. He has also requested medications. These same medications are prescribed since 2015. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-16-15 and modified the certification for Retrospective: Tramadol 150mg #60 (date of service: 8-14-15) to authorize #54

only; Retrospective: Naproxen 550mg #90 (date of service: 8-14-15) to authorize #60 only; Retrospective: Pantoprazole 20mg #90 (date of service: 8-14-15) to authorize #60 only and non-certified Retrospective: Cyclobenzaprine 7.5mg #90 (date of service: 8-14-15). A request for authorization has been received for Retrospective: Tramadol 150mg #60 (date of service: 8-14-15); Retrospective: Naproxen 550mg #90 (date of service: 8-14-15); Retrospective: Pantoprazole 20mg #90 (date of service: 8-14-15) and Retrospective: Cyclobenzaprine 7.5mg #90 (date of service: 8-14-15).

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

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

#### **Retrospective: Tramadol 150mg #60 (DOS: 08/14/2015): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, pain treatment agreement. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids; DEA: Drugs and Chemicals of Concern: Tramadol.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. The MTUS states that opioids may be continued, (a) If the patient has returned to work, or (b) If the patient has improved functioning and pain. The patient fits both of these criteria. I am reversing the previous utilization review decision. Tramadol 150mg #60 (DOS: 08/14/2015) is medically necessary.

#### **Retrospective: Naproxen 550mg #90 (DOS: 08/14/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Retrospective: Naproxen 550mg #90 (DOS: 08/14/2015) is not medically necessary.

#### **Retrospective: Pantoprazole 20mg #90 (DOS: 08/14/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines; Physician's Desk Reference.

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

**Decision rationale:** Protonix is a proton pump inhibitor. According to the Chronic Pain Medical Treatment Guidelines, and prior to prescribing a proton pump inhibitor, a clinician should 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. There is no documentation that the patient has any of the risk factors needed to recommend a proton pump inhibitor. Retrospective: Pantoprazole 20mg #90 (DOS: 08/14/2015) is not medically necessary.

**Retrospective: Cyclobenzaprine 7.5mg #90 (DOS: 08/14/2015): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation PDR, Online Edition, Cyclobenzaprine.

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

**Decision rationale:** The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time, far longer than the short-term course recommended by the MTUS. Retrospective: Cyclobenzaprine 7.5mg #90 (DOS: 08/14/2015) is not medically necessary.