

<b>Case Number:</b>	CM15-0198413		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	03/25/2012
<b>Decision Date:</b>	12/23/2015	<b>UR Denial Date:</b>	09/08/2015
<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: 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:

The injured worker is a 21 year old male, who sustained an industrial injury on March 25, 2012. The injured worker was diagnosed as having displacement of the lumbar intervertebral disc without myelopathy. Treatment and diagnostic studies to date has included laboratory studies, magnetic resonance imaging of the thoracic spine, medication regimen, magnetic resonance imaging of the lumbar spine, and physical therapy. In a progress note dated June 24, 2015 the treating physician reports complaints of sharp, throbbing, aching, pressure, shooting, and electric pain to the neck, mid back, low back, bilateral knees, bilateral legs, and bilateral ankles along with numbness, tingling, and weakness. Examination performed on June 24, 2015 was revealing for tenderness to the trapezius and levator scapulae muscles, decreased range of motion to the lumbar spine, tenderness to the bilateral lumbar paraspinal muscles, positive lumbar facet loading bilaterally, positive straight leg raises to the right, decreased motor strength to the bilateral ankles, and decreased sensation at the bilateral lumbar five and sacral one dermatomes of the lower extremities. On June 24, 2015 the injured worker's pain level was rated a 7 on a scale of 0 to 10 and at its worst an 8 and has averaged an 8 for seven days prior to this visit. The progress note from June 24, 2015 did not include the injured worker's current medication regimen, but the medical records provided included the prescriptions for the medications Omeprazole, Diclofenac, Docuprene, Tramadol ER, and Cyclobenzaprine on April 30, 2015 and on March 25, 2015, but did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional

improvement with use of his medication regimen. On June 24, 2015 the treating physician requested Omeprazole 20mg with a quantity of 60, Diclofenac 100mg with a quantity of 30, Docuprene 100mg with a quantity of 60, Tramadol ER 150mg with a quantity of 30, and Cyclobenzaprine 7.5mg with a quantity of 60 citing Medical Treatment Utilization Schedule Guidelines. On September 08, 2015 the Utilization Review denied the requests for Omeprazole 20mg with a quantity of 60, Diclofenac 100mg with a quantity of 30, Docuprene 100mg with a quantity of 60, Tramadol ER 150mg with a quantity of 30, and Cyclobenzaprine 7.5mg with a quantity of 60.

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

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

#### **Omeprazole 20mg QTY 60: 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:** Regarding the request for Omeprazole, 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 is not medically necessary.

#### **Diclofenac 100mg QTY 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute (20th annual edition), 2015, Pain Chapter: Diclofenac.

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

**Decision rationale:** Regarding the request for Diclofenac, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Diclofenac is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested Diclofenac is not medically necessary.

**Docuprene 100mg QTY 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute (20th annual edition), 2015, Pain Chapter: Opioid-induced Opioids, criteria for use.

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

**Decision rationale:** Regarding the request for Docuprene, California Pain Medical Treatment Guidelines support the use of constipation prophylaxis for patients undergoing opioid therapy. Within the documentation available for review, there is no documentation of efficacy of this medication and the concurrent request for opioids is not medically necessary. In light of the above issues, the currently requested Docuprene is not medically necessary.

**Tramadol ER 150mg QTY 30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list, Weaning of Medications.

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

**Decision rationale:** Regarding the request for tramadol ER, California Pain Medical Treatment Guidelines state that this 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 (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) 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 tramadol ER is not medically necessary.

**Cyclobenzaprine 7.5mg 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): 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. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the medication. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine is not medically necessary.