

<b>Case Number:</b>	CM15-0207575		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	07/31/2015
<b>Decision Date:</b>	12/24/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 65-year-old male with a date of industrial injury 7-31-2015. The medical records indicated the injured worker (IW) was treated for right inguinal strain-sprain, rule out inguinal hernia; abdominal strain-sprain, rule out umbilical hernia; left hip strain-sprain, rule out trochanteric bursitis; and lumbar spine strain-sprain, rule out lumbar disc herniation. In the Initial Orthopedic Report (9-22-15), the IW reported constant pain about the abdomen and groin due to hernias. The pain was rated 8 out of 10 and was increased with bending, pushing, pulling, lifting and carrying. He had difficulty carrying groceries and pushing a grocery cart, as well as, doing household chores or lifting. On examination (9-22-15 notes), there was some tightness and spasms in the lumbar spinal muscles and decreased sensation in the right L4 and L5 dermatomes, in the left L3 through L5 dermatomes and in the bilateral S1 dermatome. The umbilical and right inguinal hernias were noted, with muscle weakness over the anterior abdominal wall and positive cough impulse. There was some deficit in hip range of motion on the left and muscle weakness noted in the left lower leg muscles. Treatments included medication. The IW was temporarily totally disabled. Tramadol-acetaminophen 37.5-325mg, Omeprazole 20mg, Cyclobenzaprine 7.5mg and Diclofenac ER 100mg were prescribed on 9-22-15 for pain, inflammation, spasms and for stomach acid. Physical therapy was recommended. A Request for Authorization was received for Tramadol-acetaminophen 37.5-325mg, #60, Cyclobenzaprine 7.5mg, #120, Diclofenac ER 100mg, #60 and Omeprazole 20mg, #60. The Utilization Review on 10-19-15 modified the request for Tramadol-acetaminophen 37.5-325mg, #60 and non-certified the request for Cyclobenzaprine 7.5mg, #120, Diclofenac ER 100mg, #60 and Omeprazole 20mg, #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol/Acetaminophen 37.5/325 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, specific drug list.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

**Decision rationale:** The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. According to the ODG, Tramadol/Acetaminophen is for short term use of < 5 days in acute pain management and is not recommended for patients with hepatic impairment. According to the medical documentation, there has been no indication of the medications pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity for the requested medication has not been established. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested treatment with Ultracet is not medically necessary.

### **Cyclobenzaprine 7.5 mg Qty 120:** Upheld

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

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

**Decision rationale:** According to the reviewed literature, Cyclobenzaprine (Flexeril) is closely related to the tricyclic antidepressants. It is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. Guidelines state that this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, there is no documentation of objective functional improvement from any previous use of this medication. Based on the

currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

**Diclofenac ER 100 mg Qty 60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

**MAXIMUS 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) NSAIDs.

**Decision rationale:** Voltaren XR is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. The ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute pain and acute exacerbations of chronic pain. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of on NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective functional improvement. Medical necessity of the requested medication has not been established. The retrospective Voltaren is not medically necessary.

**Omeprazole 20 mg Qty 60: 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: Pain - Proton pump inhibitors (PPIs).

**MAXIMUS 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 (ODG) PPIs.

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is a proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. In this case, there is no documentation indicating that this patient had any GI symptoms or risk factors. In addition, the request for Diclofenac was found to be not medically necessary, which would mean that the Omeprazole would not appear to be medically necessary for this patient. Medical necessity for Omeprazole has not been established. The requested medication is not medically necessary.