

<b>Case Number:</b>	CM15-0025292		
<b>Date Assigned:</b>	02/17/2015	<b>Date of Injury:</b>	03/02/2014
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	01/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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, Public Health & General Preventive 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 37 year old female, who sustained an industrial injury on March 2, 2014. The mechanism of injury involved a fall. The diagnoses have included cervical sprain, lumbar neuritis. Treatment to date has included chiropractic care, medication, work modifications and diagnostic studies. The injured worker presented on 12/22/2014, for a follow-up evaluation with complaints of intermittent moderate pain in the left elbow. The injured worker also reported constant severe pain in the lumbosacral region, with radiating symptoms into the left lower extremity. Upon examination, there was positive Cozen and Mill's tests, positive Yeoman's test, positive Kemp's sign bilaterally, positive straight leg raise on the left, positive Bragard's test on the left, and positive Patrick Faber test on the left. Range of motion of the left elbow was documented at 140 degree flexion, 180 degree extension, 80 degree supination, and 75 degree pronation. Examination of the lumbar spine revealed 80 degree flexion, -5 degree extension, 15 to 20 degree lateral bending, and 20 to 30 degree rotation. Treatment recommendations included continuation of the current medication regimen, and a random urinalysis. A Request for Authorization form was then submitted on 01/08/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Omeprazole DR 20mg, #60 (Retrospective 11/21/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PPI's (proton pump inhibitors).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

**Decision rationale:** California MTUS Guidelines state, proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factor and no cardiovascular disease do not require the use of a proton pump inhibitor, even in addition to a nonselective NSAID. In this case, there was no documentation of cardiovascular disease or increased risk factors for gastrointestinal events. The medical necessity for the requested medication has not been established. Additionally, there is no frequency listed in the request. As such, the request is not medically appropriate.

**Cyclobenzaprine 7.5mg (quantity not provided) (Retrospective 11/21/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

**Decision rationale:** The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2 to 3 weeks. The injured worker has continuously utilized the above medication. The California MTUS Guidelines do not support long-term use of muscle relaxants. The request as submitted failed to indicate a frequency or quantity. As such, the request is not medically appropriate.

**Gabapentin 600mg #90 (Retrospective 11/21/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone, generic available), Anti-epilepsy drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

**Decision rationale:** The California MTUS Guidelines state gabapentin is recommended for neuropathic pain. It is unclear whether the injured worker had continuously utilized the above medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.

**Tramadol HCL ER 150mg (Retrospective 11/21/14): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. In this case, there was no documentation of a failure of nonopioid analgesics. It is unclear whether the injured worker has continuously utilized the above medication. There is also no frequency or quantity listed in the request. As such, the request is not medically appropriate.

**Lab testing (UDS) (Retrospective 11/21/14):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77 and 89.

**Decision rationale:** The California MTUS Guidelines state drug testing is recommended as an option, using a urine drug screen to assess for the use or presence of illegal drugs. The Official Disability Guidelines state the frequency of urine drug testing should be based on documented evidence of risk stratification. Patients at low risk of addiction or aberrant behaviors should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, there is no mention of non-compliance or misuse of medication. There is no indication that this injured worker falls under a high risk category that would require frequent monitoring. Therefore, the current request is not medically appropriate.