

<b>Case Number:</b>	CM15-0026534		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	10/19/2012
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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 55 year old female, who sustained an industrial injury o 10/19/12. She has reported neck and right upper extremity injury. The diagnoses have included radicular symptoms upper limbs, disease of median/peripheral nerves, cervical radiculopathy, cervical discogenic syndrome, synovitis and tenosynovitis. Treatment to date has included medications, surgery, conservative measures, epidural steroid injections, and physical therapy, chiropractic and acupuncture sessions. Surgery included internal neurolysis of the medial nerve decompression of the ulnar nerve with guyon canal and tenosynovectomy on right wrist 4/30/14 and cervical fusion 5/2014. Currently, the injured worker complains of numbness right middle finger, left hand pain and parasthesias and clumsy left hand, residual neck pain and headache. There was weakness with hands and difficulty with fine motor skills. Physical exam revealed positive Tinel's and Phalen's signs, positive spasm in the paracervicals, and neck forward flexion was 10 degrees, extension was 10 degrees, rotation to the right was 35 degrees and the left was 35 degrees. The x-ray of the cervical spine dated 11/11/14 revealed fusion in place and positive straightening. The electrodiagnostic studies dated 3/17/14 revealed abnormal right and left median sensory conduction studies. The diagnoses were bilateral carpel tunnel syndrome residual left and Horner's syndrome. Work status was to remain off work. There was no documented therapy sessions noted. There were no current medications documented. On 2/2/15 Utilization Review non-certified a request for Retrospective request Cyclobenzaprine 7.5mg #90 (DOS: not Specified), Retrospective Naproxen 550mg #90 for Pain and Swelling, Retrospective Prilosec 20 mg #60 for GI Upset (DOS: Unknown), and Retrospective Tramadol ER 150mg #30 (DOS:

Unknown), noting that there was no indications in the documentation as to the level of functional improvement from the medications. The (MTUS) Medical Treatment Utilization Schedule guidelines were cited.

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

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

#### **Retrospective request Cyclobenzaprine 7.5mg #90 (DOS: not Specified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for Chronic Pain Page(s): 63-64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. The injured worker is being treated chronically with cyclobenzaprine without report of acute exacerbation or new injury. Chronic use of cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. The retrospective request Cyclobenzaprine 7.5mg #90 (DOS: not Specified) is determined to NOT be medically necessary.

#### **Retrospective Naproxen 550mg #90 for Pain and Swelling: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. There is no evidence that NSAIDs are effective treatment for swelling as swelling is a potential side effect with NSAID use. The request for retrospective Naproxen 550mg #90 for Pain and Swelling is determined to NOT be medically necessary.

#### **Retrospective Prilosec 20 mg #60 for GI Upset (DOS: Unknown): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risks Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

**Decision rationale:** Proton pump inhibitors, such as Prilosec are recommended by the MTUS Guidelines when using NSAIDs if there is a risk for gastrointestinal events. There is no indication that the injured worker has had a gastrointestinal event or is at increased risk of a gastrointestinal event, which may necessitate the use of Prilosec when using NSAIDs. This medication was prescribed with the initiation of Naproxen. There was no discussion or assessment provided regarding risks of gastrointestinal events with the use of Naproxen. The use of Naproxen has also been determined to not be medically necessary. The request for retrospective Prilosec 20 mg #60 for GI Upset (DOS: Unknown) is determined to NOT be medically necessary.

**Retrospective Tramadol ER 150mg #30 (DOS: Unknown):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List; Opioids, Criteria for Use; Weaning of Medication Page(s): 93-94; 78-80; 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, 124.

**Decision rationale:** Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical records do not provide details regarding the effectiveness of tramadol in terms of pain reduction. There does not appear to be any objective functional improvement with the use of tramadol. The requesting physician is adding Naproxen to the treatment plan in addition to continued use of tramadol, which does not indicate that tramadol has been effective. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for retrospective Tramadol ER 150mg #30 (DOS: Unknown) is determined to NOT be medically necessary.