

<b>Case Number:</b>	CM15-0034033		
<b>Date Assigned:</b>	02/27/2015	<b>Date of Injury:</b>	06/06/2010
<b>Decision Date:</b>	04/15/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Internal 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 53 year old male, who sustained an industrial injury on June 6, 2010. He has reported feeling a burning pain in his right shoulder blade when moving a heavy desk. The diagnoses have included lumbar spine sprain/strain. Treatment to date has included chiropractic treatments, physical therapy, acupuncture, aqua therapy, epidural steroid injection (ESI), and medications. Currently, the injured worker complains of constant lumbar spine pain, with radiation down the right lower extremity. The Treating Physician's report dated January 26, 2015, noted the lumbar spine tenderness to palpation, with decreased range of motion (ROM) and positive straight leg raises. On February 3, 2015, Utilization Review non-certified Naproxen 550mg #90, Prilosec 20mg #90, Flexeril 10mg #60, Menthoderm creams, Tramadol 50mg, and a urine toxicology screen, noting they were not medically necessary and appropriate based on the records reviewed. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On February 23, 2015, the injured worker submitted an application for IMR for review of Naproxen 550mg #90, Prilosec 20mg #90, Flexeril 10mg #60, Menthoderm creams, Tramadol 50mg, and a urine toxicology screen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses NSAIDS. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDS are recommended for low back conditions. The primary treating physician's progress report dated 1/26/15 documented lumbosacral pain. Physical examination findings were lumbosacral tenderness, positive straight leg raise, and decreased range of motion. Diagnosis was lumbosacral strain and sprain. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines supports the use of Naproxen, which is a nonsteroidal anti-inflammatory drugs (NSAID), for low back conditions. Therefore, the request for Naproxen is medically necessary.

**Prilosec 20 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDS and gastrointestinal risk factors. Proton Pump Inhibitor (PPI), e.g. Omeprazole, is recommended for patients with gastrointestinal risk factors. High dose NSAID use is a gastrointestinal risk factor. The primary treating physician's progress report dated 1/26/15 documented lumbosacral pain. Physical examination findings were lumbosacral tenderness, positive straight leg raise, and decreased range of motion. Diagnosis was lumbosacral strain and sprain. Naproxen was prescribed. Medical records document the long-term prescription of NSAID medications, which is a gastrointestinal risk factor. MTUS guidelines support the use of a proton pump inhibitor such as Omeprazole in patients with gastrointestinal risk factors. MTUS guidelines and medical records support the medical necessity of Prilosec (Omeprazole). Therefore, the request for Prilosec is medically necessary.

**Flexeril 10 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Pages

41-42. Muscle relaxants Pages 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril <http://www.drugs.com/pro/flexeril.html>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. Medical records document the long-term use of the muscle relaxant Flexeril. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of muscle relaxant, which is not supported by MTUS and FDA guidelines. The patient has been prescribed NSAIDs. Per MTUS, using muscle relaxants in combination with NSAIDs has no demonstrated benefit. The use of Flexeril is not supported by MTUS or ACOEM guidelines. Therefore, the request for Flexeril (Cyclobenzaprine) is not medically necessary.

**Menthoderm creams:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Pages 111-113. NSAIDs (non-steroidal anti-inflammatory drugs) Pages 67-73. Decision based on Non-MTUS Citation Mentoderm <http://www.physiciansproducts.net/product/mentoderm/>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address topical analgesics. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The efficacy in clinical trials of topical NSAIDs has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be either not superior to placebo after two weeks, or with a diminishing effect after two weeks. For osteoarthritis of the knee,

topical NSAID effect appeared to diminish over time. There are no long-term studies of their effectiveness or safety for chronic musculoskeletal pain. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Topical NSAIDs are not recommended for neuropathic pain as there is no evidence to support use. Methoderm contains Methyl Salicylate (NSAID) and Menthol. The primary treating physician's progress report dated 1/26/15 documented lumbosacral pain. Physical examination findings were lumbosacral tenderness, positive straight leg raise, and decreased range of motion. Diagnosis was lumbosacral strain and sprain. MTUS guidelines do not support the use of the topical NSAID Methyl Salicylate. Per MTUS, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the use of topical Methoderm is not supported by MTUS guidelines. Therefore, the request for Methoderm is not medically necessary.

**Tramadol 50 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96. Tramadol (Ultram) Pages 93-94, 113, 123.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. MTUS Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back conditions. The progress report dated 7/14/14 documented that Tramadol was not helping, and the treatment plan was to stop Tramadol. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Medical records document the long-term use of Tramadol. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. The request for Tramadol is not supported by MTUS guidelines. Therefore, the request for Tramadol is not medically necessary.

**Urine toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page 43. Opioids, criteria for use Pages 76-77. Opioids, pain treatment agreement Page 89. Opioids, steps to avoid misuse/addiction Page 94.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address drug testing. Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Frequent random urine toxicology screens are recommended as a step to avoid misuse and addiction of opioids. Urine drug screens may be required for an opioid pain treatment agreement. Urine drug screen to assess for the use or the presence of illegal drugs is a step to take for the use of opioids. The progress report dated 7/14/14 documented that Tramadol was not helping, and the treatment plan was to stop Tramadol. Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. Medical records document the long-term use of Tramadol. Per MTUS, the lowest possible dose of opioid should be prescribed. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back conditions. The request for Tramadol is not supported by MTUS guidelines. Therefore, the request for Tramadol is not medically necessary. The primary treating physician's progress report dated 1/26/15 documented lumbosacral pain. Physical examination findings were lumbosacral tenderness, positive straight leg raise, and decreased range of motion. Diagnosis was lumbosacral strain and sprain. No other opioids were prescribed. Because opioid medications were not certified, the request for urine toxicology screen is not supported by MTUS guidelines. Therefore, the request for urine toxicology screen is not medically necessary.