

<b>Case Number:</b>	CM15-0055977		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	03/06/2012
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	03/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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, Washington

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 53-year-old male who reported injury on 03/06/2012. The mechanism of injury was cumulative trauma. There was a Request for Authorization submitted for review dated 03/04/2015. The diagnoses included cervicgia, lumbar, and pain in shoulder. The documentation of 02/18/2015 revealed a request for Nalfon for inflammation and pain, omeprazole for GI symptoms, cyclobenzaprine for palpable muscle spasms, and tramadol for acute severe pain. The injured worker had pain in the low back, thoracic spine, right shoulder, bilateral wrists and hands, and cervical spine. The physical examination revealed palpable paravertebral muscle tenderness with spasms. The treatment plan included a continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Fenoprofen calcium (Nalfon) 400mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

**Decision rationale:** The California MTUS guidelines indicate that NSAIDS are recommended for short term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Fenoprofen calcium (Nalfon) 400mg quantity 120 is not medically necessary.

**Omeprazole 20mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

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

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events. The clinical documentation submitted for review failed to indicate that the injured worker was at intermediate risk or higher for gastrointestinal events. The physician documentation indicated that omeprazole was being utilized for GI symptoms. However, the specific GI symptoms were not provided per the documentation. The efficacy for the requested medication was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Omeprazole 20mg quantity 120 is not medically necessary.

**Cyclobenzaprine hydrochloride 7.5mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain).

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

**Decision rationale:** The California MTUS guidelines recommend muscle relaxants as a second line option for the short-term treatment of acute low back pain, less than 3 weeks and there should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation of objective functional improvement. There was a lack of documentation of efficacy as it was noted that the injured worker continued to have muscle spasms. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Cyclobenzaprine hydrochloride 7.5mg quantity 120 is not medically necessary.

**Tramadol extended release 150mg quantity 90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. There was a lack of documentation of objective functional improvement, and an objective decrease in pain in documentation that the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Tramadol extended release 150mg quantity 90 is not medically necessary.