

<b>Case Number:</b>	CM15-0069356		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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: Physical Medicine & Rehabilitation

### 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 46-year-old male who sustained an industrial injury on 7/21/11. The injured worker reported symptoms in the back and neck. The injured worker was diagnosed as having lumbar discogenic disease and cervical discogenic disease. Treatments to date have included lumbar support belt, non-steroidal anti-inflammatory drugs, muscle relaxant, oral pain medication, activity modification, physical therapy, ice/heat, and home exercise program. Currently, the injured worker complains of neck and back discomfort. The plan of care was for medication prescriptions and a follow up appointment at a later date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiro 2 x 4 Sessions for Cervical & Lumbar Spine:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy Page(s): 58-59.

**Decision rationale:** The patient presents with low back and neck pain. The request is for Chiro: 2 x 4 sessions for cervical & lumbar spine. Physical examination to the cervical spine on 03/17/15 revealed spasms in the trapezius muscles bilaterally. Examination to the lumbar spine revealed gross abnormality with decreased range of motion in all planes. Patient walked with and antalgic gait. Straight leg raising test was positive on the right 10 degrees with severe pain going down both lower extremities, on the left 20 degrees with severe pain going down the left extremity. Patient has had physical therapy without benefits. Patient's diagnosis, per 03/17/15 progress report include lumbar discogenic disease at L4-L5 greater than L5-S1, both present with radicular findings, and cervical discogenic disease with findings at C5-C6 and C6-C7 level consistent with MRI showing bulging disc at C5-C6 and C6-C7. Patient's medications, per 03/17/15 progress report include Tramadol and NSAIDs. Patient is totally disabled until 05/01/15, per 03/17/15 progress report. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. In this case, only one progress report was provided in which the treater states that the patient has never previously trialed chiropractic care. It has been documented that patient failed physical therapy. Given the patient's diagnosis, a short course of 6 sessions would be reasonable. However, the request for 8 sessions exceeds guideline indications. Therefore, the request is not medically necessary.

**Cyclobenzaprine 10mg, #60:** Upheld

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

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

**Decision rationale:** The patient presents with low back and neck pain. The request is for Cyclobenzaprine 100 MG #60. Physical examination to the cervical spine on 03/17/15 revealed spasms in the trapezius muscles bilaterally. Examination to the lumbar spine revealed gross abnormality with decreased range of motion in all planes. Patient walked with and antalgic gait. Straight leg raising test was positive on the right 10 degrees with severe pain going down both lower extremities, on the left 20 degrees with severe pain going down the left extremity. Patient has had physical therapy without benefits. Patient's diagnosis, per 03/17/15 progress report include lumbar discogenic disease at L4-L5 greater than L5-S1, both present with radicular findings, and cervical discogenic disease with findings at C5-C6 and C6-C7 level consistent with MRI showing bulging disc at C5-C6 and C6-C7. Patient's medications, per 03/17/15 progress report include Tramadol and NSAIDs. Patient is totally disabled until 05/01/15, per 03/17/15 progress report. MTUS Chronic Pain Medical Treatment Guidelines, page 63-66 states: "Muscle relaxants: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions." In this case, only one progress report was

provided. It appears the treater is initiating this medication, as there were no records of prior use. The patient suffers with chronic neck and low back. Given the patient's condition, a trial of this medication would be indicated. However, MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks, and the requested 60 tablets does not imply short duration therapy. Therefore, the request is not medically necessary.

**Omeprazole 20mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs against both GI and cardiovascular risk Page(s): 69.

**Decision rationale:** The patient presents with low back and neck pain. The request is for Omeprazole 20 MG #60. Physical examination to the cervical spine on 03/17/15 revealed spasms in the trapezius muscles bilaterally. Examination to the lumbar spine revealed gross abnormality with decreased range of motion in all planes. Patient walked with and antalgic gait. Straight leg raising test was positive on the right 10 degrees with severe pain going down both lower extremities, on the left 20 degrees with severe pain going down the left extremity. Patient has had physical therapy without benefits. Patient's diagnosis, per 03/17/15 progress report include lumbar discogenic disease at L4-L5 greater than L5-S1, both present with radicular findings, and cervical discogenic disease with findings at C5-C6 and C6-C7 level consistent with MRI showing bulging disc at C5-C6 and C6-C7. Patient's medications, per 03/17/15 progress report include Tramadol and NSAIDs. Patient is totally disabled until 05/01/15, per 03/17/15 progress report. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low- dose ASA)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." In this case, only one progress report was provided. Treater does not document any gastrointestinal upset or irritation. There is no history of ulcers, either. Additionally, the patient is under 65 years of age, and there is no documented use of ASA, corticosteroids, and/or anticoagulants concurrently. The treater does not provide GI risk assessment required to make a determination based on MTUS. Therefore, the request Omeprazole 20 mg is not medically necessary.

**Tramadol 37.5mg, #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids, Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** The patient presents with low back and neck pain. The request is for Tramadol 37.5 MG #120. Physical examination to the cervical spine on 03/17/15 revealed spasms in the trapezius muscles bilaterally. Examination to the lumbar spine revealed gross abnormality with decreased range of motion in all planes. Patient walked with and antalgic gait. Straight leg raising test was positive on the right 10 degrees with severe pain going down both lower extremities, on the left 20 degrees with severe pain going down the left extremity. Patient has had physical therapy without benefits. Patient's diagnosis, per 03/17/15 progress report include lumbar discogenic disease at L4-L5 greater than L5-S1, both present with radicular findings, and cervical discogenic disease with findings at C5-C6 and C6-C7 level consistent with MRI showing bulging disc at C5-C6 and C6-C7. Patient's medications, per 03/17/15 progress report include Tramadol and NSAIDs. Patient is totally disabled until 05/01/15, per 03/17/15 progress report. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, only one progress report was provided in which the treater states that the patient is on no other medication other than occasional Tramadol. However, the requested amount is #120 per month. The treater has not discussed how this medication reduces pain and significantly improves patient's activities of daily living. The 4A's are not specifically addressed including discussions regarding aberrant drug behavior and specific ADL's, no UDS reports, etc. Given the lack of documentation as required by guidelines, the request is not medically necessary.

**Flurbiprofen 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**Decision rationale:** The patient presents with low back and neck pain. The request is for Flurbiprofen 20%. Physical examination to the cervical spine on 03/17/15 revealed spasms in the trapezius muscles bilaterally. Examination to the lumbar spine revealed gross abnormality with decreased range of motion in all planes. Patient walked with and antalgic gait. Straight leg raising test was positive on the right 10 degrees with severe pain going down both lower extremities, on the left 20 degrees with severe pain going down the left extremity. Patient has had physical therapy without benefits. Patient's diagnosis, per 03/17/15 progress report include lumbar discogenic disease at L4-L5 greater than L5-S1, both present with radicular findings, and cervical discogenic disease with findings at C5-C6 and C6-C7 level consistent with MRI showing bulging disc at C5-C6 and C6-C7. Patient's medications, per 03/17/15 progress report include Tramadol and NSAIDs. Patient is totally disabled until 05/01/15, per 03/17/15 progress

report. Regarding topical NSAIDs, MTUS on topical analgesics, pages 111-113, state, "Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip, or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." The patient suffers with low back and neck pain and his diagnosis include lumbar discogenic disease at L4-L5 greater than L5-S1, both present with radicular findings, and cervical discogenic disease with findings at C5-C6 and C6-C7 level consistent with MRI showing bulging disc at C5-C6 and C6-C7. In this case, the treater does not document arthritis/tendinitis as indicated by MTUS Guidelines. Therefore, the request is not medically necessary.