

<b>Case Number:</b>	CM15-0085043		
<b>Date Assigned:</b>	05/07/2015	<b>Date of Injury:</b>	03/30/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/04/2015

### 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: Texas, New York, 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 applicant is a represented 30-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 30, 2013. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve requests for cyclobenzaprine, Ambien, Ultracet, and Prilosec while approving a request for senna. The claims administrator referenced a RFA form dated April 17, 2015 and associated progress note of April 9, 2015 in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the attending provider appealed previously denied cyclobenzaprine, Ambien, and Ultracet. In an appeal letter dated April 29, 2015, the attending provider stated, in a somewhat circuitous fashion, that he wished for the applicant to continue Flexeril, Ambien, and Ultracet. The applicant's complete medication list included Ultracet, Lexapro, Prilosec, Flexeril, Ambien, and senna, it was reported. The attending provider stated that the applicant's sitting and walking tolerance have allegedly been improved as a result of ongoing tramadol-acetaminophen usage. The applicant's work status was not, however, clearly stated. The note was quite difficult to follow and comprised, in large part, of various guidelines. On April 9, 2015, the applicant reported 8/10 low back pain radiating into the right leg. The applicant was using a back brace to move about. The applicant was pending a functional restoration program. The applicant was on Norflex, senna, Ultracet, Lexapro, and Prilosec, it was stated. The applicant was asked to pursue the functional restoration program which had apparently been authorized. Senna, Ultracet, Prilosec, Flexeril, and Ambien were continued and/or renewed while the applicant was placed off of work, on total temporary disability.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Cyclobenzaprine 7.5mg 3 #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) page(s): 41.

**Decision rationale:** No, the request for Cyclobenzaprine was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including Ultracet, Lexapro, etc. Adding Cyclobenzaprine or Flexeril to the mix was not indicated. It was further noted that the 60-tablet supply of Cyclobenzaprine at issue represents treatment in excess of the "brief" course of therapy for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

### **Zolpidem tartrate 5mg #30: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Integrated Treatment/Disability Duration Guidelines, Stress & Mental Illness Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management page(s): 7-8. Decision based on Non-MTUS Citation U.S. Food and Drug Administration.

**Decision rationale:** Similarly, the request for Zolpidem (Ambien), a sleep aid, was likewise not medically necessary, medically appropriate, or indicated here. Pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has the responsibility to be well informed regarding usage of the same and should, furthermore, furnish compelling evidence to support such usage. The Food and Drug Administration (FDA) notes, however, that Ambien is indicated in the short-term treatment insomnia, for up to 35 days. Here, thus, the renewal request for Ambien (Zolpidem), in effect, represented treatment in excess of FDA parameters. The attending provider failed to furnish a compelling applicant-specific rationale or medical evidence, which would support such usage in the face of the unfavorable FDA position on the same. Therefore, the request was not medically necessary.

**Tramadol Hcl/APAP tab 37.5mg/325mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids page(s): 80.

**Decision rationale:** Similarly, the request for Ultracet (Tramadol-acetaminophen), a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request, April 9, 2015. The applicant continued to report pain complaints as high as 8/10; it was suggested on that date. The attending provider failed to outline meaningful or material improvements in function (if any) effected as a result of ongoing Tramadol-acetaminophen (Ultracet) usage. The fact that the applicant remained off of work, coupled with the fact that the applicant was described as using a cane to move about on April 9, 2015, taken together, did not make a compelling case for continuation of opioid therapy with Ultracet. Therefore, the request was not medically necessary.

**Omeprazole Dr 20mg cap #60:** Upheld

**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): 69.

**Decision rationale:** Finally, the request for Omeprazole (Prilosec) was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, here, however, there was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, on or around the date of the request, April 9, 2015. Therefore, the request was not medically necessary.