

<b>Case Number:</b>	CM14-0133422		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	07/12/2012
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 26-year-old male with a 7/12/12 date of injury. At the time (6/30/14) of request for authorization for Prilosec (omeprazole) 20mg, Ultram ER (tramadol) 150mg, Flexeril 7.5mg, Terocin patch (capsaicin, menthol, lidocaine), there is documentation of subjective (improvement with current home exercise program, exacerbation of pain due to not getting his medications) and objective (spasms, tenderness, guarding paravertebral musculature of the lumbar spine with loss of range of motion, and decreased sensation in S1 dermatomes bilaterally) findings, current diagnoses (thoracic sprain/strain and lumbosacral radiculopathy), and treatment to date (home exercise program and medications (including Prilosec, Anaprox, Ultram, Flexeril, and Terocin patch since at least 3/10/14 with increased activities of daily living and able to conduct a more vigorous home exercise program with medications)). Regarding Prilosec (omeprazole) 20mg, there is no documentation of concurrent use of high dose/multiple NSAID. Regarding Ultram ER (tramadol) 150mg, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Regarding Flexeril 7.5mg, there is no documentation of acute muscle spasm and the intention to treat over a short course.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**S5000, Prilosec (Omeprazole) 20mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of risk for gastrointestinal events, preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of omeprazole. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain and lumbosacral radiculopathy. However, despite documentation of ongoing treatment with Anaprox, there is no documentation of concurrent use of high dose/multiple NSAID. Therefore, based on guidelines and a review of the evidence, the request for Prilosec (omeprazole) 20mg is not medically necessary.

**S5000, Ultram Extended Release (Tramadol) 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80, 113.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain and lumbosacral radiculopathy. In addition, there is documentation that Ultram is used as a second line treatment.

Furthermore, given documentation of ongoing treatment with Ultram and increased activities of daily living and able to conduct a more vigorous home exercise program with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Ultram use to date. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Therefore, based on guidelines and a review of the evidence, the request for Ultram ER (tramadol) 150mg is not medically necessary.

**S5001, Flexeril 7.5mg: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain and lumbosacral radiculopathy. In addition, there is documentation of muscle spasm. Furthermore, given documentation of ongoing treatment with Flexeril and increased activities of daily living and able to conduct a more vigorous home exercise program with medications, there is documentation of functional benefit and improvement as an increase in activity tolerance as a result of Flexeril use to date. However, given documentation of a 7/12/12 date of injury, there is no documentation of acute muscle spasm. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 3/10/14, there is no documentation of the intention to treat over a short course (less than two weeks). Therefore, based on guidelines and a review of the evidence, the request for Flexeril 7.5mg is not medically necessary.

**S5000, Terocin Patch (Capsaicin, Menthol, and Lidocaine): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

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

**Decision rationale:** Terocin patch contains ingredients that include Lidocaine and Menthol. MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of thoracic sprain/strain and lumbosacral radiculopathy. However, Terocin contains at least one drug (lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Terocin patch (capsaicin, menthol, lidocaine) is not medically necessary.