

<b>Case Number:</b>	CM14-0134933		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/22/2013
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Orthopedic Surgery and is licensed to practice in Texas. 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:

The injured worker is a 58 year old male injured on 02/22/13 when heavy metal crate fell on top of him sustaining a compression fracture of the lumbar spine. Diagnoses include crush injury with contusion to the head, L4 compressed fracture, abdominal complaints initially with apparent right rib contusion, residual degenerative changes at L3-4 and L4-5, and disc protrusion at L3-4, L4-5, and L5-S1. The clinical note dated 07/17/14 indicated the injured worker presented complaining of intermittent low back pain by multiple factors characterized as dull with radiation into bilateral lower extremities. The injured worker reported pain at 3/10. Physical examination revealed antalgic gait, palpable paravertebral muscle tenderness with spasm of the lumbar spine, seated nerve root test positive, decreased range of motion, and sensation and strength within normal limits. The documentation indicated medications to be refilled under separate cover letter and the injured worker to continue home exercise program. Diagnoses listed as lumbago. A list of medications was not provided for review nor was the cover letter provided. The original request was non-certified on 08/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **18 tablets of Sumatriptan Succinate 25mg between 8/11/2014 and 9/25/2014:**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, Triptans

**Decision rationale:** As noted in the Official Disability Guidelines, triptans are recommended for migraine sufferers. However, there is no indication in the documentation provided that the injured worker suffers from migraines, has symptoms associated with acute headaches, or has a diagnosis of migraine headaches requiring treatment with medication containing triptans. As such, the request for 18 tablets of Sumatriptan Succinate 25mg between 8/11/2014 and 9/25/2014 cannot be recommended as medically necessary.

**90 tablets of Tramadol ER 150 mg between 8/11/2014 and 9/25/2014:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, 90 tablets of Tramadol ER 150 mg between 8/11/2014 and 9/25/2014 cannot be recommended as medically necessary at this time.

**120 tablets of Cyclobenzaprine Hydrochloride 7.5 mg between 8/11/2014 and 9/25/2014:** 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 9792.20, Cyclobenzaprine Page(s): 41.

**Decision rationale:** As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, cyclobenzaprine is 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. Studies have shown that the efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Based on the clinical documentation, the injured worker has exceeded the 2-4 week window for acute management also indicating a lack of efficacy if being utilized for chronic flare-ups. As such, the medical necessity of 120 tablets of Cyclobenzaprine Hydrochloride 7.5 mg between 8/11/2014 and 9/25/2014 cannot be established at this time.

