

<b>Case Number:</b>	CM14-0147175		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/28/1996
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Illinois. 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:

This is a 52-year-old injured worker with a date of injury on Dec 28, 1996. The latest clinical notes attached are from Aug 22, 2013 when the injured worker stated he was still symptomatic but that medications were helping. Exam showed tender lumbar spine with decreased range of motion, a negative straight leg raise test, and numbness/tingling at the lateral epicondyle with radicular symptoms to the fingers with decreased left grip strength and pain to palpation of the upper extremity. Diagnoses are thoracolumbar strain and left elbow lateral epicondylitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Cyclobenzaprine 7.5mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

**Decision rationale:** Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action. The injured worker

has had chronic musculoskeletal complaints since 1996. Per Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks (See, 2008). The request is not medically necessary.

**Omeprazole 20mg #60:** 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 rationale:** This injured worker has no history of gastrointestinal problems, and there is no evidence of medication-induced gastro-esophageal reflux disease. Per Chronic Pain Medical Treatment Guidelines, injured workers at intermediate risk for gastrointestinal events and no cardiovascular disease should be given a non-selective non-steroidal anti-inflammatory drug with either a proton pump inhibitor (for example, 20 mg Omeprazole daily) or Misoprostol (200g four times daily) or (2) a Cox-2 selective agent. The injured worker is not taking a non-steroidal anti-inflammatory drug per the attached documents. Therefore, Omeprazole is not medically necessary.

**Tramadol ER 150mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 75 93-94.

**Decision rationale:** Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain (Kumar, 2003). Under the Criteria for Use of opioids and on-going management, actions should include: ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, and intensity of pain after taking the opioid, how long it takes for pain relief and how long pain relief lasts. Four domains have been proposed as most relative for ongoing monitoring: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. Another reason to continue opioids is if the injured worker has returned to work; however, this information has not been made available. The request is not medically necessary.