

<b>Case Number:</b>	CM14-0167102		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	06/27/2001
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Geriatrics and is licensed to practice in New York. 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 52 year old man with a date of injury of 6/27/01. He was seen by his primary treating physician on 9/17/14 with complaints of cervical and lumbar pain with right upper and lower extremity symptoms. He reported heightened function with medications and maintenance of ADLs including shopping for groceries, very light household duties, preparing food, grooming and bathing. He reported no side effects of his medications. His exam showed tenderness in the cervical and lumbar spine with limited range of motion. He was neurologically unchanged with spasm of the paraspinal musculature which was decreased. His diagnoses included protrusion 3mm C2-3 and C6-7 with radiculopathy, bilateral foraminal narrowing C2-6, facet osteoarthropathy C2-6, lumbar spondylosis, lumbar radiculopathy and cervicogenic headache. At issue in this review is the request for his current medications: Tramadol, Hydrocodone, Naproxen, Pantoprazole and Cyclobenzaprine. Length of prior therapy is not documented in the note.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Tramadol 150mg #60 with 2 refills dispensed on 8/29/14: 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 Page(s): 84-94.

**Decision rationale:** This 52 year old injured worker has chronic pain with an injury sustained in 2001. His medical course has included numerous diagnostic and treatment modalities including epidural injections and ongoing use of several medications including narcotics, NSAIDs and muscle relaxants. Tramadol is a centrally acting analgesic reported to be effective in managing neuropathic pain. There are no long-term studies to allow for recommendations for longer than three months. The MD visit of 9/14 fails to document any significant improvement in pain or functional status to justify ongoing use therefore the request for the Tramadol 150 mg #60 with 2 refills is not medically necessary.

**Retrospective request for Hydrocodone 10/325mg #60 dispensed on 8/29/14: 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 Page(s): 74-80.

**Decision rationale:** This 52 year old injured worker has chronic pain with an injury sustained in 2001. His medical course has included numerous diagnostic and treatment modalities including epidural injections and ongoing use of several medications including narcotics, NSAIDs and muscle relaxants. In Opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. The MD visit of 9/14 fails to document any significant improvement in pain or functional status to justify ongoing use. Additionally, the long-term efficacy of Opioids for chronic back pain is unclear but appears limited therefore the request for Hydrocodone 10/325 # 60 is not medically necessary.

**Retrospective request for Naproxen 550mg #90 dispensed on 8/29/14: 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 Page(s): 66-73.

**Decision rationale:** This 52 year old injured worker has chronic pain with an injury sustained in 2001. His medical course has included numerous diagnostic and treatment modalities including epidural injections and ongoing use of several medications including narcotics, NSAIDs and muscle relaxants. In chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The MD visit of 9/14 fails to document any significant improvement in pain or functional status to justify ongoing use therefore the request for Naproxen 550 mg #90 is not medically necessary.

**Retrospective request for Pantoprazole 20mg #90 dispensed on 8/29/14: 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 Page(s): 68-69.

**Decision rationale:** This 52 year old injured worker has chronic pain with an injury sustained in 2001. His medical course has included numerous diagnostic and treatment modalities including epidural injections and ongoing use of several medications including narcotics, NSAIDs and muscle relaxants. Prilosec is a Proton Pump Inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. This would include those with: 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). The records do not support that he meets these criteria or is at high risk of gastrointestinal events therefore the Pantoprazole 20 mg #90 is not medically necessary.

**Retrospective request for Cyclobenzaprine 7.5mg #90 dispensed on 8/29/14: 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 Page(s): 63-66.

**Decision rationale:** This 52 year old injured worker has chronic pain with an injury sustained in 2001. His medical course has included numerous diagnostic and treatment modalities including epidural injections and ongoing use of several medications including narcotics, NSAIDs and muscle relaxants. Non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The MD visit of 9/14 fails to document any significant improvement in pain or functional status to justify ongoing use. Spasm is also said to be decreasing on physical exam. The medical necessity of Cyclobenzaprine 7.5 mg #90 is not substantiated and therefore is not medically necessary.