

<b>Case Number:</b>	CM14-0084883		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/07/1991
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	05/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine 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 71 year old male injured on 06/07/91 with previous injury in 1974 after heavy lifting causing herniated discs x 3 of the lumbar spine. Diagnoses include status post L3-4, L4-5, and L5-S1 laminectomy in 1981, status post cervical fusion at C5-6, C6-7 in 1983, status post C4-5 cervical fusion in 1996, status post left shoulder rotator cuff decompression and repair in 2001, status post right total knee arthrosis in 2008, and status post right shoulder rotator cuff decompression and repair in 2009. Diagnoses include chronic back pain, post-laminectomy syndrome of the cervical spine, myofascial pain syndrome, tension headache, chronic intractable pain syndrome, post-traumatic stress syndrome, major depression, and chronic low back pain. The clinical note dated 05/14/14 indicated the injured worker presented complaining of headaches, neck pain, back pain, and arm pain with associated weakness. The injured worker reported headaches returned with daily occurrences following 10 month absence after Botox therapy in July of 2013. The injured worker reported use of medication to control headaches in addition to restriction of resting posture. The injured worker reported continued "bone-on-bone" sensation in the low back. The injured worker reported continued improvement in foot pain following bilateral lumbar radiofrequency neurotomy on 01/16/14. The injured worker rated the pain at 4-7/10 increased with heavy lifting and bending. Physical examination revealed moderate crepitation with range of motion of the cervical spine, moderate increase in end range of motion stiffness/tenderness, moderate trapezial and levator scapulae taut muscle bands and trigger points, decreased range of motion, decreased lumbar lordosis, poor pelvic rotation, normal gait, no paraspinal muscle spasm, motor strength 5/5 in all muscle groups tested, normal sensation in the bilateral upper and lower extremities, 2+ deep tendon reflexes in the bilateral upper and lower extremities. The treatment plan included continuation of Reglan 10mg 1 tablet QD-BID,

Tramadol 50mg 1 tablet QD, Tramadol (biphasic) 100mg Q 24 hours, and Amrix 15mg Q 24 hours. The initial request was non-certified on 05/30/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Reglan 10 mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Botulinum toxin (Botox; Myobloc). Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/drug-6177-Reglan+Oral.aspx>

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea)

**Decision rationale:** As noted in the Pain chapter of the Official Disability Guidelines, antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. However, the injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Reglan 10 mg is recommended as medically necessary at this time.

#### **Tramadol HCL 50 mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

**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. However, the injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Tramadol HCL 50 mg is recommended as medically necessary at this time.

#### **Tramadol HCL (biphasic) 100 mg: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

**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. However, the injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Tramadol HCL (biphasic) 100 mg is recommended as medically necessary at this time.

**Amrix 15 mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) / Muscle relaxants. Decision based on Non-MTUS Citation <http://www.amrix.com>

**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. However, the injured worker's age and length of opioid use must be considered as abrupt cessation could pose a significant risk to the overall health of the injured worker. As such, Amrix 15 mg is recommended as medically necessary at this time.