

<b>Case Number:</b>	CM13-0009961		
<b>Date Assigned:</b>	02/07/2014	<b>Date of Injury:</b>	11/22/2011
<b>Decision Date:</b>	09/09/2015	<b>UR Denial Date:</b>	08/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 54 year old female who sustained an industrial injury on 11/22/11. Diagnosis includes chronic low back pain, lumbar radiculopathy, Lumbar facet arthropathy, Degenerative disc disease, Long-term use of medications. Treatments have included Epidural Steroid Injection, Acupuncture, TENS unit, Physical therapy, Lumbar support, ice/heat therapy, work restrictions. At dispute are the retrospective request for 1 prescription of Naproxen Sodium 550mg #60 (date of service 6/11/13), retrospective request for 1 prescription of Tramadol HCL 150 mg #30 (date of service 6/11/13), retrospective request for 1 prescription of Cyclobenzaprine HCL 7.5 mg #90 (date of service 6/11/13), and retrospective request for 1 prescription of Omeprazole 20 mg #30 (date of service 6/11/13).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Request for 1 prescription of Naproxen Sodium 550mg, #60 (DOS: 6/11/13): 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 NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The injured worker sustained a work related injury on 11/22/11. Diagnosis include chronic low back pain, lumbar radiculopathy, Lumbar facet arthropathy, Degenerative disc disease, Long term use of medications .Treatments have included Epidural Steroid Injection, Acupuncture, TENS unit, Physical therapy, Lumbar support, ice/heat therapy, work restrictions. The medical records provided for review do not indicate a medical necessity for Retrospective Request for 1 prescription of Naproxen Sodium 550mG, #60 (DOS: 6/11/13). Naproxen is an NSAID. The MTUS recommends the use of the lowest dose of NSAIDs for the shortest period in patients with moderate to severe pain. The medical records indicate the injured worker has been diagnosed of long term use of medications, but does not state how long the injured worker has been on this particular medication. It is not possible to determine whether the medication is medically necessary without knowledge of treatment history, including outcome of previous use if any. Therefore the request is not medically necessary.

**Retrospective request for 1 prescription of Tramadol HCL 150mg, #30 (DOS: 6/11/13):**  
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 Opioids Page(s): 78-81.

**Decision rationale:** The injured worker sustained a work related injury on 11/22/11. Diagnosis include chronic low back pain, lumbar radiculopathy, Lumbar facet arthropathy, Degenerative disc disease, Long term use of medications. Treatments have included Epidural Steroid Injection, Acupuncture, TENS unit, Physical therapy, Lumbar support, ice/heat therapy, work restrictions. The medical records provided for review do not indicate a medical necessity for Retrospective request for 1 prescription of Tramadol HCL 150mg, #30 (DOS: 6/11/13). The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior. Furthermore, the MTUS recommends discontinuation of opioid treatment of there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. Tramadol is a central opioid with a recommended dosing of 50 to 100mg PO every 4 to 6 hours (not to exceed 400mg/day, with dosing being increased every 3 days as tolerated. However, it is not possible from the medical records to determine what stage of treatment the injured worker is on. If the request is for maintenance treatment the medical records indicate the injured worker is not properly monitored for pain control, activities of daily living and adverse effects. If it is for initial treatment, the dosing exceeds the recommended starting dose by the MTUS. Therefore the request is not medically necessary.

**Retrospective request for 1 prescription of Cyclobenzaprine HCL 7.5mg, #90 (DOS: 6/11/13): 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 Muscle relaxants (for pain) Page(s): 63-64.

**Decision rationale:** The injured worker sustained a work related injury on 11/22/11. Diagnosis include chronic low back pain, lumbar radiculopathy, Lumbar facet arthropathy, Degenerative disc disease, Long term use of medications .Treatments have included Epidural Steroid Injection, Acupuncture, TENS unit, Physical therapy, Lumbar support, ice/heat therapy, work restrictions. The medical records provided for review do not indicate a medical necessity for Retrospective request for 1 prescription of Cyclobenzaprine HCL 7.5mg, #90 (DOS: 6/11/13). Cyclobenzaprine, Flexeril, is a muscle relaxant, with a recommended dosing of 5-10 mg three times a day for no longer than 2-3 weeks. The MTUS recommend the non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic Low back pain. The requested quantity exceeds that recommended by the MTUS. The request is not medically necessary.

**Retrospective request for 1 prescription of Omeprazole 20mg, #30 (DOS: 6/11/13): 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 NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

**Decision rationale:** The injured worker sustained a work related injury on 11/22/11. Diagnosis include chronic low back pain, lumbar radiculopathy, Lumbar facet arthropathy, Degenerative disc disease, Long term use of medications .Treatments have included Epidural Steroid Injection, Acupuncture, TENS unit, Physical therapy, Lumbar support, ice/heat therapy, work restrictions. The medical records provided for review do not indicate a medical necessity for Retrospective request for 1 prescription of Omeprazole 20mg, #30 (DOS: 6/11/13). Omeprazole is a proton pump inhibitor. The MTUS recommend the addition of proton pump inhibitors to the treatment of individuals at risk of gastrointestinal events when they are being treated with NSAIDs. The requested treatment is not medically necessary since the NSAID; Naproxen is not medically necessary.