

<b>Case Number:</b>	CM14-0218768		
<b>Date Assigned:</b>	01/08/2015	<b>Date of Injury:</b>	08/22/2012
<b>Decision Date:</b>	03/12/2015	<b>UR Denial Date:</b>	12/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2014

### 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. 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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 46-year-old female who reported injury on 08/22/2012. Mechanism of injury was not submitted for review. The diagnosis at this visit was lumbar region sprain. Past medical treatment consist of injections, physical therapy and medication therapy. Medications include Tramadol 50mg, Voltaren XR 100mg, Protonix 20mg and Flexeril 7.5mg. The progress note dated 12/01/2014, indicated that the injured worker complained of lower back pain and left leg pain. Physical exam was remarkable for tenderness over the lumbar spine with muscle spasms and the worker reported an inability to sit for long periods. A magnetic resonance imaging of the lumbar spine dated November 14, 2014 showed changes from a one completed August 19, 2012. Results included increased degenerative disc signal of the L1-L2, spondylosis and two fatty marrow replacement, end plate margins of the L5-S1 had not progressed, slight facet hypertrophy, a small central protrusion of the L4-L5 had not progressed and a small central protrusion showed no interval changes. Medical treatment plan is for the injured worker to continue with medication therapy. Rationale and Request for Authorization were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Flexeril 7.5mg #60 x 2 bottles qty:180: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine and Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** The request for Flexeril 7.5 mg #60 with 2 bottles, quantity of 180, is not medically necessary. The California MTUS Guidelines recommend muscle relaxants as a second line option for short term treatment of acute low back pain and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review provides evidence that the injured worker has been on this medication for an extended duration of time, and there was a lack of documentation of objective improvement. Given the above, continued use would not be indicated. As such, the request is non-certified.

**Protonix 20mg #60 x 2 bottles qty:120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 69.

**Decision rationale:** The request for Protonix 20 mg #60 x2 bottles, quantity of 120, is not medically necessary. The California MTUS Guidelines state that proton pump inhibitors are recommended for patients at intermediate or high risk for gastrointestinal events. Patients with no risk factors or no cardiovascular disease do not require the use of proton pump inhibitors. Therefore, the injured worker does not currently meet criteria for the requested medication. There was no indication of the injured worker having any intermediate or high risks for gastrointestinal events. The efficacy of the medication was also not submitted for review to warrant the continuation of the medication. There was also no frequency of the medication listed in the request. Given the above, the request would not be warranted. As such, the request is not medically necessary.

**Ultram 50mg #60 x 2 bottles qty: 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing management Page(s): 82, 93, 94, 113, 78.

**Decision rationale:** The request for Ultram 50 mg #60 x2 bottles, quantity of 120, is not medically necessary. The California MTUS Guidelines state that certain analgesic drugs such as

Ultram are reported to be effective in managing neuropathic pain and is not recommended as a first line oral analgesic. The California MTUS recommend that there should be documentation of the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The efficacy of the medication was not submitted for review in the report. Additionally, there was no proper assessment submitted, indicating what pain levels were before, during, and after medication administration. Furthermore, there were no UAs or drug screens submitted for review indicating compliance with medications. It is unclear whether the medication was helping with any functional deficits the injured worker was having. Given the above, the request would not be indicated. As such, the request is not medically necessary.