

<b>Case Number:</b>	CM14-0219087		
<b>Date Assigned:</b>	01/09/2015	<b>Date of Injury:</b>	03/06/2010
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/31/2014

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal 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 48 year old male who sustained an industrial injury on 3/6/10. The injured worker reported symptoms in the cervical spine, upper extremities with associated headaches. The diagnoses included cervical disc displacement, lumbago status-post surgery, and carpal tunnel syndrome. Treatments to date have included 32 sessions of physical therapy, bracing, and oral medications. PR2 dated 11/5/14 noted the injured worker presents with cervical spine pain with radiation to the upper extremities and associated headaches described as "migrainous in nature", lower back pain was noted that was "aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, prolonged standing, walking multiple blocks" the treating physician is requesting 120 fenoprofen 400mg, 120 omeprazole 20mg, 120 cyclobenzaprine 7.5mg, 90 tramadol 150mg. On 12/5/14, Utilization Review non-certified 120 fenoprofen 400mg, 120 omeprazole 20mg, 120 cyclobenzaprine 7.5mg, 90 tramadol 150mg, noting the California Medical Treatment Utilization Schedule Chronic Pain Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**120 Fenoprofen 400mg:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Fenoprofen 400 mg #120 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There was no evidence to recommend a drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured workers working diagnoses are cervical disc displacement; lumbago, status post surgery; and carpal tunnel syndrome. Subjectively, the injured worker has complaints of cervical pain aggravated by repetitive motion. Pain radiates to the upper extremities associated with headaches. Objectively, there is tenderness to palpation in the cervical paraspinal muscle region. Range of motion is decreased. There is tenderness to palpation in the paravertebral muscles of the lumbar spine. Fenoprofen started November 20, 2014. The injured worker was taking naproxen prior to being switched to Fenoprofen. There was no clinical rationale for the switch. The documentation does not contain evidence of objective functional improvement after starting Fenoprofen November 20, 2014. Consequently, absent clinical documentation supporting the ongoing use of Fenoprofen with objective functional improvement, Fenoprofen 400 mg #120 is not medically necessary.

**120 Omeprazole 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Proton pump inhibitor.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Omeprazole Page(s): 67-68. Decision based on Non-MTUS Citation Pain section, NSAI and GI effects

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Omeprazole 20 mg #120 is not medically necessary. Omeprazole is a proton pump inhibitor. Proton pump inhibitors are indicated in certain patients taking nonsteroidal anti-inflammatory drugs that are at risk for gastrointestinal events. These risks include, but are not limited to, age greater than 65; history of peptic ulcer disease, G.I. bleeding; concurrent use of aspirin or corticosteroids; or high-dose/multiple monster and anti-inflammatory drugs. In this case, the injured workers working diagnoses are cervical disc displacement; lumbago, status post surgery; and carpal tunnel syndrome. Subjectively, the injured worker has complaints of cervical pain aggravated by repetitive motion. Pain radiates to the upper extremities associated with headaches. Objectively, there is tenderness to palpation in the cervical paraspinal muscle region. Range of motion is decreased. There is tenderness to palpation in the paravertebral muscles of the lumbar spine. The documentation does not contain comorbid conditions or a past medical history compatible with risk factors for gastrointestinal events. Specifically, there was no history of peptic disease, G.I. bleeding or concurrent aspirin use, etc.

consequently, absent clinical documentation to support the ongoing use of omeprazole with risk factors for gastrointestinal events, omeprazole 20 mg #120 is not medically necessary.

### **120 Cyclobenzaprine 7.5mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, Page(s): 63-66. Decision based on Non-MTUS Citation Pain section, Muscle relaxants

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine 7.5 mg #120 is not medically necessary. Muscle relaxes are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured workers working diagnoses are cervical disc displacement; lumbago, status post surgery; and carpal tunnel syndrome. Subjectively, the injured worker has complaints of cervical pain aggravated by repetitive motion. Pain radiates to the upper extremities associated with headaches. Objectively, there is tenderness to palpation in the cervical paraspinal muscle region. Range of motion is decreased. There is tenderness to palpation in the paravertebral muscles of the lumbar spine. Cyclobenzaprine was started on or about October 3, 2013 for palpable muscle spasms. Cyclobenzaprine is indicated for short-term (less than two weeks) treatment of acute low back pain or short-term treatment of acute exacerbations in chronic low back pain. The treating physician has continued cyclobenzaprine well in excess of the recommended guidelines less than two weeks (greater than one year). Additionally, there is no documentation of objective functional improvement. Consequently, absent clinical documentation to support the ongoing use of Cyclobenzaprine 7.5 mg, Cyclobenzaprine 7.5 mg #120 is not medically necessary.

### **90 Tramadol 150mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Opiates

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol 150 mg #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment they be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. The patient should set goals and the continued use of opiates should be contingent on meeting those goals. In this case, the injured

workers working diagnoses are cervical disc displacement; lumbago, status post surgery; and carpal tunnel syndrome. Subjectively, the injured worker has complaints of cervical pain aggravated by repetitive motion. Pain radiates to the upper extremities associated with headaches. Objectively, there is tenderness to palpation in the cervical paraspinal muscle region. Range of motion is decreased. There is tenderness to palpation in the paravertebral muscles of the lumbar spine. The injured worker has been taking tramadol as far back as October 3, 2013. The documentation does not contain evidence of objective functional improvement associated with tramadol during that timeframe. Consequently, absent clinical documentation to support the ongoing use of tramadol ER 150 mg, tramadol ER 150 mg #90 is not medically necessary.