

<b>Case Number:</b>	CM14-0064516		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	11/04/2011
<b>Decision Date:</b>	06/02/2015	<b>UR Denial Date:</b>	04/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/07/2014

### 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: New York  
 Certification(s)/Specialty: Pediatrics, 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 33 year old male, who sustained an industrial injury on November 4, 2011. He reported falling off a roof, with immediate back pain. The injured worker was diagnosed as having thoracic strain, lumbar strain, subluxation of sacrum, sacroiliac joint, lumbar neuritis or radiculitis, and myalgia, myositis. Treatment to date has included chiropractic treatments, physiotherapy, MRI, electrodiagnostic study, TENS, and medication. Currently, the injured worker complains of low back pain. The Primary Treating Physician's report dated March 31, 2014, noted the injured worker with a pain level of 6/10. Lumbar spine spasm was noted. The injured worker was noted to have prescriptions for Tramadol, LidoPro topical ointment, Cyclobenzaprine, Omeprazole, and Diclofenac Sodium ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Tramadol 50mg # 90: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Opioids, specific drug list Page(s): 76-80, 93-94.

**Decision rationale:** The IW is documented to be on an opioid for pain relief. Documentation did not include review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. This request is not medically necessary and reasonable.

### **1 Prescription of Lidopro #1: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** MTUS guidelines state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. The documentation in the case file does not indicate that the IW tried any other medications without success. Even though capsaicin and methyl salicylate are approved for topical use this cannot be approved due to other components not being medically necessary. This request is not medically appropriate and reasonable.

### **1 Prescription of Cyclobenzaprine 7.5mg #30: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines cyclobenzaprine (Flexeril) Page(s): 41-42.

**Decision rationale:** Cyclobenzaprine is recommended as an option for muscle spasms using a short course of therapy. Treatment should be brief, no longer than 2-3 weeks. There is no clear evidence in the notes provided that the IW has benefit from the muscle relaxer and at this time frame routine use of these medications is not medically necessary.

### **1 Prescription of Omeprazole 20mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI & Cardiovascular Risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

**Decision rationale:** According to MTUS guidelines it is necessary to determine if the patient is at risk for gastrointestinal events. Risk factors are: (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). A history of ulcer complications is the most important predictor of future ulcer complications associated with NSAID use. There was no notation of GI symptoms or a history of risk factors. This request is not medically necessary and appropriate.

**2 TENS electrodes:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy; TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114-115.

**Decision rationale:** TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for neuropathic pain, phantom limb pain, spasticity and multiple sclerosis. Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. The IW has none of the conditions as an indication for TENS use and thus the request is not medically necessary and appropriate.