

<b>Case Number:</b>	CM15-0015852		
<b>Date Assigned:</b>	02/03/2015	<b>Date of Injury:</b>	04/16/2003
<b>Decision Date:</b>	03/27/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2015

### 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

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 48-year-old male, who sustained an industrial injury on 4/16/2003. He reports low back pain. Diagnoses include lumbago and bilateral lower extremities radiculopathy. Treatments to date include radiofrequency ablation, trigger point injections, physical therapy and medication management. A progress note from the treating provider dated 12/15/2014 indicates the injured worker reported lower back pain and bilateral lower extremities pain. On 12/23/2014, Utilization Review non-certified the request for Zoroflex 35 mg #90 and Tramadol 50mg #90, citing MTUS and ACOEM.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Zoroflex 35mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Per the 12/15/14 report the patient presents with lower back pain radiating to the bilateral lower extremities along with muscle contraction headaches, cervical chronic pain and NSAID sensitivity causing stomach difficulty. The current request is for ZOROFLEX 35 mg #90. Per the 12/15/15, RFA and the 12/23/14 utilization review this request is for Zorvolex, Diclofenac, and an NSAID. The patient is temporarily totally disabled. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." MTUS also states, "a comprehensive clinical trial supports NSAIDS in lower back pain." The 12/15/14 report states Zorvolex is prescribed 3 times a day with food to replace Ibuprofen as Ibuprofen has not been significantly helpful and has been causing GERD and stomach pain. In this case, the requested medication is indicated for the pain documented for this patient and the patient is just starting a trial of this medication. The request IS medically necessary.

**Tramadol 50mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 12/15/14 report, the patient presents with lower back pain radiating to the bilateral lower extremities along with muscle contraction headaches, cervical chronic pain and NSAID sensitivity causing stomach difficulty. The current request is for TRAMADOL 50 mg #90 an opioid analgesic. The patient is temporarily totally disabled. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided show that this patient has been prescribed opioids since at least 2013. The reports repeatedly state that the request for opioid medications have been denied. Recent reports show that Nucynta is prescribed on 11/013/14 and 08/02/14 and 05/09/14. The treater states the patient's ADL's remain significantly limited due to continued denials of medications and treatments. In this case, the reports provided show only intermittent use of pain scales or a validated instrument to assess pain. No specific ADL's are mentioned to show a significant change with use of opioids. Opiate management issues are not discussed. No UDS's are provided for review or documented. There is no discussion of adverse behavior or side effects. No outcome measures are provided. The 4A's have not been documented as required by guidelines for long-term opioid use. The request IS NOT medically necessary.