

<b>Case Number:</b>	CM15-0111061		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	08/18/2015	<b>UR Denial Date:</b>	06/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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: North Carolina, Georgia Certification(s)/Specialty: Family Practice

### 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 44 year old female, who sustained an industrial injury on 5/6/13. The diagnoses have included status post right shoulder surgery on 11/22/14 and lumbar neural encroachment L4 with radiculopathy, refractory. Treatment to date has included medications, activity modifications, off work, diagnostics, physical therapy, chiropractic, Transcutaneous electrical nerve stimulation (TENS), Lumbar-Sacral Orthosis (LSO), psychiatric, and home exercise program (HEP). Currently, as per the physician progress note dated 5/11/15, the injured worker complains of right shoulder pain rated 8/10 on pain scale. She had recent physical therapy to right shoulder and lumbar spine 8 sessions with 4 sessions remaining. She also complains of low back pain rated 7/10 on pain scale with right greater than left lower extremity symptoms. It is noted that the medications at current dosing facilitates maintenance of activities of daily living (ADL). It is noted that she recalls history of gastrointestinal upset with Nonsteroidal anti-inflammatory drug with no proton pump inhibitor. There is no history of ulcer or hemoptysis. She also recalls spasm prior to using Cyclobenzaprine. The objective findings reveal that the arthroscopic portals are healing well, right shoulder flexion is 35 degrees and abduction is 30 degrees. The lumbar exam is essentially unchanged. The physician progress note dated 7/28/14 reveals that the objective findings with the lumbar spine exam reveal tenderness; lumbar range of motion limited due to pain, and spasm of the lumbar spine has decreased. There is previous therapy sessions noted in the records. There is no previous urine drug screen report noted. The physician requested treatments included Retrospective Tramadol ER 150mg #60 (DOS 5-11-15), Retrospective Naproxen sodium 550mg #90 (DOS 5-11-15), Retrospective

Pantoprazole 20mg #90 (DOS 5-11-15), Retrospective Cyclobenzaprine 7.5mg #90 (DOS 5-11-15).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retrospective Tramadol ER 150mg #60 (DOS 5-11-15): Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use a validated method of recording the response of pain to the opioid medication and documents functional improvement, as well as reduction in use of a higher scheduled narcotic (in effect a weaning of reliance on narcotic medication) with the use of Tramadol. It does address the efficacy of concomitant medication therapy. Therefore, ongoing opioid therapy with Tramadol is medically necessary.

#### **Retrospective Naproxen sodium 550mg #90 (DOS 5-11-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

**Decision rationale:** CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Naprosyn 550 mg #90 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible, as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Naprosyn. Naprosyn 550 mg #90 is not medically necessary.

#### **Retrospective Pantoprazole 20mg #90 (DOS 5-11-15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 68.

**Decision rationale:** CA MTUS guidelines state that a proton pump inhibitor should be considered for administration with anti-inflammatory medication if there is a high risk for gastrointestinal events. In this case, the medical record does not document a history to indicate a moderate or high risk for gastrointestinal events with NSAID use. However, ongoing NSAID use is not indicated and has been denied in a separate section of this report. Pantoprazole therefore is not medically necessary.

**Retrospective Cyclobenzaprine 7.5mg #90 (DOS 5-11-15):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 63-66.

**Decision rationale:** The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Cyclobenzaprine. This request is not medically necessary and the original UR decision is upheld.