

Case Number:	CM15-0123291		
Date Assigned:	07/07/2015	Date of Injury:	07/05/2014
Decision Date:	08/18/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/26/2015

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: 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 30 year old male, who sustained an industrial injury on 07/05/2014. Initial complaints and diagnosis were not clearly documented. On provider visit dated 05/29/2015 the injured worker has reported low back pain associated with pain. On examination of the lumbar spine revealed a decreased range of motion with pain. Tenderness to palpation of the lumbar paravertebral muscles where noted as well as sleep complaints. The diagnoses have included lumbar disc protrusion, lumbar radiculitis, lumbar radiculopathy, lumbar sprain/strain and loss of sleep and lumbar sprain/strain. Treatment to date has included medication. The provider requested Tramadol, Cyclobenzaprine, Flurbiprofen-Gabapentin-Baclofen-Lidocaine-Cyclobenzaprine and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 37.5-325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80 and 113.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Tramadol. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing 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. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. Further, these MTUS guidelines state that Tramadol is not recommended as a first-line oral analgesic (Page 113). The records indicate that Tramadol has been used as a first-line oral analgesic in combination with a hydrocodone-based opioid. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Tramadol is not medically necessary.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle Relaxants Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of the muscle relaxant, Cyclobenzaprine, as a treatment modality. Cyclobenzaprine is recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. In this case, the records indicate

that Cyclobenzaprine is being used as a long-term treatment strategy for this patient's chronic symptoms. As noted in the above cited guidelines, only short-term use of Cyclobenzaprine is recommended. For this reason, Cyclobenzaprine 7.5mg #60 is not medically necessary.

Flurbiprofen 10%, Gabapentin 6%, Baclofen 2%, Lidocaine 4%, Cyclobenzaprine 2% 1.5gm: Upheld

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

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of topical analgesics, including the components requested in this case. Topical analgesics are considered as largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding three of the components of the requested medication, these MTUS guidelines state the following: Baclofen: Not recommended. There is currently one Phase III study of Baclofen-Amitriptyline- Ketamine gel in cancer patients for treatment of chemotherapy-induced peripheral neuropathy. There is no peer-reviewed literature to support the use of topical baclofen. Other muscle relaxants (i.e. Cyclobenzaprine): There is no evidence for use of any other muscle relaxant as a topical product. Gabapentin: Not recommended. There is no peer-reviewed literature to support use. Given that three of the components of the requested medication are not recommended (Baclofen, Gabapentin and Cyclobenzaprine), the topical analgesic that includes flurbiprofen, gabapentin, baclofen, lidocaine and cyclobenzaprine, is not medically necessary.

Prilosec/Omeprazole 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Side Effects and Cardiovascular Risk Page(s): 68-69.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of proton pump inhibitors (PPIs), including Prilosec/Omeprazole, as a treatment modality. In general, PPIs are used to address the GI side effects of NSAIDs. The guidelines state that clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Further, for the use of a PPI, the clinician should determine if the patient is at risk for gastrointestinal events. These risk factors include the following: (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). In patients with

no risk factors, a PPI is not medically necessary. In this case, there is no evidence that the patient has any of the above cited risk factors for a gastrointestinal adverse event. There is no documented history of a GI bleed or an ulcer. There is no documented history of use of multiple, high-dose NSAIDs or anticoagulants. There is no documented history of dyspepsia associated with NSAID use. For these reasons, Prilosec/Omeprazole is not medically necessary.