

<b>Case Number:</b>	CM15-0128238		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	02/15/2014
<b>Decision Date:</b>	09/04/2015	<b>UR Denial Date:</b>	06/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/03/2015

### 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: New York

Certification(s)/Specialty: Anesthesiology

### 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 February 15, 2014 while working as a maintenance worker in a department store. The injury occurred while the injured worker was on a ladder reaching for towels and experienced low back pain. The diagnoses have included multilevel lumbosacral protrusions with no significant neural encroachment, lumbar spondylosis and lumbago. Treatment and evaluation to date has included medications urine toxicology screen, electrodiagnostic studies, acupuncture treatments, physical therapy and a home exercise program. The injured worker was noted to be temporarily totally disabled. Current documentation dated May 14, 2015 notes that the injured worker reported bilateral leg pain, left greater than the right. The pain was rated an 8/10 on the visual analogue scale. The documentation notes that the injured workers current medications allow the maintenance of activities of daily living. Without the medications the injured worker is unable to participate in a home exercise program. Examination of the lumbar spine revealed a decreased range of motion and a positive straight leg raise test bilaterally. The treating physician's plan of care included requests for the following retrospective medications: Tramadol 150 mg # 60, Pantoprazole 20 mg # 90, Naproxen 550 mg # 90 and Cyclobenzaprine 7.5 mg # 90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retro Naproxen 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drug Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Naproxen Page(s): 66-68.

**Decision rationale:** Naproxen is a non-steroidal anti-inflammatory drug used for the relief of signs and symptoms of osteoarthritis. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend non-steroidal anti-inflammatory drugs as an option for short-term use to reduce pain. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patient with moderate to severe pain. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain the following should occur: determine the aim of the use of the medication, determine the potential benefits and adverse effects and determine the injured workers preference. Non-steroidal anti-inflammatory drugs are recommended as an option for short-term symptomatic relief for chronic low back pain. The injured worker was noted to have chronic low back pain rated at an 8/10 on the visual analogue scale. The documentation supports the injured worker had been receiving Naproxen since January of 2015. The guidelines recommended non-steroidal anti-inflammatory drugs for short term use. Subsequent documentation dated 4/23/2015 and 3/28/2015 notes that the injured worker was subjectively and objectively unchanged. The request for retrospective Naproxen is not medically necessary.

**Retro Pantoprazole 20mg #90:** Upheld

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends that "clinicians weigh the indications for non-steroidal anti-inflammatory drugs (NSAIDs) against both gastrointestinal (GI) and cardiovascular risk factors. Risk factors to determine if the patient is at risk for gastrointestinal events are: age > 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids and/or an anticoagulant or high dose/multiple NSAID. The MTUS Chronic Pain Medical Treatment Guidelines recommend that patients at intermediate risk for gastrointestinal events and no cardiovascular disease receive a non-selective NSAID with either a proton pump inhibitor (PPI) or misoprostol or a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture." The documentation supports that the injured worker recalled a history of gastrointestinal upset with the use of non-steroidal anti-inflammatory drugs without a PPI medication. The injured worker denied gastrointestinal upset with the use of a PPI medication. There is lack of documentation that the injured worker is at

intermediate risk for a gastrointestinal event. Additionally, the request for ongoing non-steroidal anti-inflammatory drugs was recommended not medically necessary. Therefore, continued use of a PPI medication would not be medically necessary. The request for retrospective Pantoprazole is not medically necessary.

**Retro Cyclobenzaprine 7.5mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), muscle relaxants Page(s): 41, 42, 63, 64.

**Decision rationale:** Regarding the medication Flexeril (Cyclobenzaprine) for pain relief the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in injured workers with chronic low back pain. "Muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAID's) in pain relief and overall improvement. Also there is no additional benefit shown in combination with NSAID's. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence." Cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants. The greatest effect appears to be in the first 4 days of treatment. This medication is not recommended to be used longer than 2-3 weeks. The documentation supports the injured worker had chronic low back pain and has been on Cyclobenzaprine since at least March of 2015. The injured worker recalled refractory spasm prior to the use of Cyclobenzaprine. The guidelines recommend Cyclobenzaprine for short term use only. The request for Cyclobenzaprine was not medically necessary.

**Retro Tramadol 150mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 78-80, 93-94 and 124.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. "This small class of synthetic opioids exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs are reported to be effective in managing neuropathic pain. Side effects are similar to traditional opioids. The MTUS guidelines discourage long term usage unless there is evidence of ongoing

review and documentation of pain relief, functional status and appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life." As per the documentation provided the injured worker had chronic low back pain. Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Subsequent documentation dated 4/23/2015 and 3/28/2015 notes that the injured worker was subjectively and objectively unchanged. The need for Tramadol on a daily basis with lack of documented functional improvement is not fully established. The request for retrospective Tramadol is not medically necessary.