

<b>Case Number:</b>	CM15-0178826		
<b>Date Assigned:</b>	09/21/2015	<b>Date of Injury:</b>	03/28/2008
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2015

### 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: 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 57-year-old female, who sustained an industrial injury on March 28, 2008. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having cervical disc degeneration, cervical radiculopathy, cervical spinal stenosis, lumbar radiculopathy, lumbar spinal stenosis, depression, elevated liver enzymes, gastroesophageal reflux disorder, medication related dyspepsia, myofascial pain syndrome, status post left shoulder arthroscopy, NSAID intolerance and status post left shoulder surgery times two. An epidural steroid injection provided no overall improvement (less than 5%). She reported 60% improvement due to her current medications, including areas of functional improvement. Tramadol medication, which was noted to be very helpful, was once provided from another treating physician through private insurance. Gabapentin was noted to be helpful but she still complains of persistent nerve pain and also tiredness from the medication. On August 14, 2015, the injured worker complained of neck pain with radiation down the bilateral upper extremities, bilateral frontal headaches, low back pain radiating down the bilateral lower extremities, occipital headaches and upper extremity pain. The pain was rated as a 6 on a 1-10 pain scale with medications and a 9 on the pain scale without medications. She also reported chronic medication associated gastrointestinal upset and episodic, frequent nausea. On the day of the exam, she received a Toradol injection with B12 and was observed for 15 minutes with "good pain relief." The treatment plan included a lumbar epidural transforaminal steroid injection, home exercises, weight loss program recommendation, follow-up visit, consideration for spine surgeon evaluation, Gabapentin, Naprosyn, Omeprazole, Tizanidine and Tramadol. On August 17, 2015, utilization review denied a request for Tramadol 50mg #90, Omeprazole 20mg #30, Tizanidine 2mg #60 and Naproxen 550mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Tramadol 50mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**Decision rationale:** According to the California MTUS, Tramadol (Ultram) is a synthetic opioid which affects the central nervous system and is indicated for the treatment of moderate to severe pain. Per CA MTUS Guidelines, certain criteria need to be followed, including an ongoing review and documentation of pain relief and functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. There is no compelling evidence presented by the treating provider that indicates this injured worker has had any significant improvements from this medication, and also review of Medical Records do not clarify that previous use of this medication has been effective in this injured worker for maintaining any functional improvement. Of note, discontinuation of an opioid analgesic requires a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

### **Omeprazole 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Proton pump inhibitors (PPIs).

**Decision rationale:** According to the California MTUS (2009), Omeprazole (Prilosec), is proton pump inhibitor (PPI) that is recommended for patients taking NSAIDs, with documented GI distress symptoms, or at risk for gastrointestinal events. GI risk factors include: age >65, history of peptic ulcer, GI bleeding, or perforation; concurrent use of aspirin, corticosteroids, and/or anticoagulants, or high dose/multiple NSAIDs. PPIs are highly effective for their approved indications, including preventing gastric ulcers induced by NSAIDs. Injured worker is on NSAIDs, and there is documentation of GI symptoms. However, with NSAID'S determined not medically necessary, Medical necessity of the requested item has not been established.

### **Tizanidine 2mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

**Decision rationale:** According to the reviewed literature, Tizanidine is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than non-steroidal anti-inflammatory medications alone. In this case, the available records are not clear if the injured worker has shown a documented benefit or any functional improvement from prior Tizanidine use. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested treatment: Tizanidine 2mg #60 is not medically necessary.

**Naproxen 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines for non-steroidal anti-inflammatory drugs recommend use for acute conditions or for acute exacerbation of conditions for short term therapy. It is recommended at lowest dose for the shortest period in patient with moderate to severe pain. Specific recommendations include osteoarthritis, back pain, and may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis with neuropathic pain. "Functional improvement" is evidenced by a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management. Medical record did not included evidence of functional improvement with this medication and reduction in the dependency on continued medical treatment. There was no evidence of an acute condition or an acute exacerbation of the condition that determined the medical necessity of the medication. Therefore, Naproxen 550 MG Qty 60 is not medically necessary and appropriate.