

<b>Case Number:</b>	CM15-0063968		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	04/15/2008
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	04/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/03/2015

### 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: 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 57 year old male who sustained an industrial injury on 4/15/08. The diagnoses have included cervicalgia, bilateral cubital tunnel syndrome, and bilateral carpal tunnel syndrome, cervical discopathy with radiculitis, lumbar discopathy and bilateral epicondylitis. Treatment to date has included medications, acupuncture diagnostics and conservative care. The Magnetic Resonance Imaging (MRI) of the cervical spine was done on 12/30/14. Currently, as per the physician progress note dated 2/24/15, the injured worker complains of cervical spine pain that radiates to the upper extremities with associated migraines, bilateral elbow pain, right wrist pain and low back pain. The pain was rated 6-7/10 on the pain scale and has been unchanged. Physical exam revealed cervical spine tenderness, positive axial loading compression test, Spurling's maneuver was positive and decreased cervical range of motion with pain noted. The bilateral elbows revealed tenderness over the lateral epicondyle, Tinel's test was positive and range of motion was painful. The right wrist revealed tenderness, positive palmar compression test, positive Tinel's test, painful range of motion and diminished sensation in the radial digits. The lumbar spine revealed tenderness with spasm, seated nerve root test was positive, range of motion was guarded and restricted, and the left leg had tingling and numbness noted. The physician requested treatment included 20 Omeprazole 20mg (express scripts), 120 Cyclobenzaprine 7.5mg (express scripts) and 90 Tramadol ER 150mg (Express scripts).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**20 Omeprazole 20mg (express scripts): Upheld**

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

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

**Decision rationale:** Based on the 02/24/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral upper extremities, low back pain that radiates to the lower extremities rated 7/10, bilateral elbow and right wrist pain rated 6/10. The request is for 20 Omeprazole 20MG. Patient's diagnosis per Request for Authorization form dated 03/26/14 includes cervicalgia and right wrist joint pain. Patient's medications include Omeprazole, Cyclobenzaprine, Tramadol, Nalfon, Ondansetron, Lunesta, Tylenol 3, Cymbalta, Norco, Levofloxacin, and Methoderm Gel. The patient is working full duty, per treater report dated 02/24/15. MTUS pg 69 states, "Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. Determine if the patient is at risk for gastrointestinal events: (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)." "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a PPI." Omeprazole has been included in patient's medications, per treater reports dated 10/17/14, 02/01/15, and 03/19/15. Per 03/19/15 progress report, treater states the medication is prescribed for patient's GI symptoms. Treater states "the patient has been prescribed Naproxen, which has great potential for gastrointestinal symptoms. The patient described a history of some epigastric pain and stomach upset while using NSAIDs in the past for chronic pain." In this case, the patient is on oral NSAID for which prophylactic use of PPI would be indicated by guidelines. However, there is no discussion of how the patient is doing with the PPI, and with what efficacy. The patient has been taking PPI at least for 6 months from UR date of 04/01/15, and treater does not discuss why this medication should be continued. Therefore, the request for Omeprazole IS NOT medically necessary.

**120 Cyclobenzaprine 7.5mg (express scripts): Upheld**

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

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

**Decision rationale:** Based on the 02/24/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral upper extremities, low back pain that radiates to the lower extremities rated 7/10, bilateral elbow and right wrist pain rated 6/10. The request is for 120 Cyclobenzaprine 7.5MG. Patient's diagnosis per Request for Authorization form dated 03/26/14 includes cervicalgia and right wrist joint pain. Patient's medications include Omeprazole, Cyclobenzaprine, Tramadol, Nalfon, Ondansetron, Lunesta, Tylenol 3, Cymbalta, Norco, Levofloxacin, and Methoderm Gel. The patient is working full duty, per treater report dated 02/24/15. MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute

exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Cyclobenzaprine has been included in patient's medications, per treater reports dated 10/17/14, 02/01/15, and 03/19/15. Per 03/19/15 progress report, treater states the medication is prescribed to the "patient for the palpable muscle spasms noted during examination today." Cyclobenzaprine has been prescribed at least since 10/17/14, which is 6 months from UR date of 04/01/15. MTUS only recommends short-term use of this medication. Furthermore, the request for quantity 120 does not indicate intended short term use. Therefore, the request IS NOT medically necessary.

**90 Tramadol ER 150mg (Express scripts): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Tramadol Page(s): 76-78, 88-89, 113.

**Decision rationale:** Based on the 02/24/15 progress report provided by treating physician, the patient presents with neck pain that radiates to the bilateral upper extremities, low back pain that radiates to the lower extremities rated 7/10, bilateral elbow and right wrist pain rated 6/10. The request is for 90 Tramadol ER 150MG. Patient's diagnosis per Request for Authorization form dated 03/26/14 includes cervicalgia and right wrist joint pain. Patient's medications include Omeprazole, Cyclobenzaprine, Tramadol, Nalfon, Ondansetron, Lunesta, Tylenol 3, Cymbalta, Norco, Levofloxacin, and Menthoderm Gel. The patient is working full duty, per treater report dated 02/24/15. 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. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page 113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. Tramadol has been included in patient's medications, per treater reports dated 10/17/14, 02/01/15, and 03/19/15. Per 03/19/15 progress report, treater states the medication is prescribed for acute severe pain. In this case, the patient is currently working, which indicates significant improvement in patient's activities of daily living. However, treater has not stated how Tramadol reduces pain, nor addressed analgesia with numeric scales or validated instruments. There are no

specific discussions regarding aberrant behavior, adverse reactions, etc. No UDS's, opioid pain agreement or CURES reports, either. MTUS requires appropriate discussion of the 4A's. Given the lack of documentation as required by guidelines, the request IS NOT medically necessary.