

<b>Case Number:</b>	CM15-0065473		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	06/29/2015	<b>UR Denial Date:</b>	03/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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: Texas, 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:

This is a 56 year old female patient, who sustained an industrial injury on 08/24/2009. The diagnoses include thoracic outlet syndrome, cervical degenerative disc disease and right shoulder impingement. Per the progress note dated 03/13/2015, she had complained of right shoulder and upper extremity pain. Physical examination revealed crepitation with full range of motion, positive impingement signs and slight tenderness in the posterior triceps area. Per the note dated 1/16/15, she had complaints of neck and upper back pain. The physical examination revealed painful and restricted range of motion of the cervical spine and decreased sensation in the right middle finger. The medications list includes flexeril, ibuprofen, tramadol, omeprazole and lidocaine 5%. She has undergone right shoulder surgeries. Treatment to date has included oral pain medication, epidural injections, corticosteroid injections, physical and occupational therapy and surgery. A request for authorization of Tramadol, Flexeril, Lidoderm and Omeprazole was made on 03/31/2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Tramadol 50 mg #60 with a date of service of 1/16/2015: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** Retrospective Tramadol 50 mg #60 with a date of service of 1/16/2015 MTUS Guidelines: Chronic Pain Medical Treatment Guidelines: Page 75, Central acting analgesics page 82, Opioids for neuropathic pain. Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided she had chronic neck and right shoulder pain with history of shoulder surgeries. She has had significant findings on physical examination- restricted range of motion of the shoulder and cervical spine. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Retrospective Tramadol 50 mg #60 with a date of service of 1/16/2015 is medically necessary to use as prn during acute exacerbations.

**Retrospective Flexeril 10 mg #30 with a date of service of 1/16/2015:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

**Decision rationale:** Retrospective Flexeril 10 mg #30 with a date of service of 1/16/2015 Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system (CNS) depressant. According to California MTUS, Chronic pain medical treatment guidelines, Cyclobenzaprine is "Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease." According to the records provided patient had had chronic neck and right shoulder pain with history of shoulder surgeries. She has had significant findings on physical examination- restricted range of motion of the shoulder and cervical spine. According to the cited guidelines Flexeril is recommended for short term therapy. Short term or prn use of cyclobenzaprine in this patient for acute exacerbations would be considered reasonable appropriate and necessary. The request for retrospective Flexeril 10 mg #30 with a date of service of 1/16/2015 is medically necessary to use as prn during acute exacerbations.

**Retrospective Lidoderm patch 5% #90 with a date of service of 1/16/2015: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, page 111-113, Lidoderm (lidocaine patch) page 56-57.

**Decision rationale:** Retrospective Lidoderm patch 5% #90 with a date of service of 1/16/2015. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". There is little to no research to support the use of many of these agents. According to the MTUS Chronic Pain Guidelines "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants is not specified in the records provided. Intolerance to oral medications is not specified in the records provided. Any evidence of post-herpetic neuralgia is not specified in the records provided. The medical necessity of Retrospective Lidoderm patch 5% #90 with a date of service of 1/16/2015 is not medically necessary.

**Retrospective Omeprazole 20 mg #30 with a date of service of 1/16/2015: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

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

**Decision rationale:** Retrospective Omeprazole 20 mg #30 with a date of service of 1/16/2015. Omeprazole is a proton pump inhibitor. Per the CA MTUS NSAIDs guidelines cited above, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events. Patients at high risk for gastrointestinal events. Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDs when "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)." There is no evidence in the records provided that the patient has any abdominal/gastric symptoms with the use of NSAIDs. The records provided do not specify any objective evidence of gastrointestinal disorders, gastrointestinal bleeding or peptic ulcer. The medical necessity of Retrospective Omeprazole 20 mg #30 with a date of service of 1/16/2015 is not medically necessary.

