

<b>Case Number:</b>	CM13-0010293		
<b>Date Assigned:</b>	09/17/2013	<b>Date of Injury:</b>	06/27/2003
<b>Decision Date:</b>	01/09/2014	<b>UR Denial Date:</b>	07/16/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice, and is licensed to practice in California. 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 physician 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/services.

### 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 patient is a 48-year-old male who reported an injury on 06/27/2003. The patient's diagnoses included chronic lumbar radiculopathy, status post failed spinal fusion surgery, status post right total hip arthroplasty with revision 3 times, and history of failed spinal stimulator trial. His symptoms include neck pain, low back pain with radiation to the bilateral lower extremities, mid-back pain, and right hip pain. It was noted that the patient reported very limited to no improvement of pain symptoms with physical therapy and acupuncture. It was also noted that the patient had previous epidural steroid injections which had aggravated his pain. It was noted that his current treatment included a TENS unit with temporary benefit and medications that included Neurontin, Tramadol, and Cyclobenzaprine for pain. It was noted that the patient reported pain relief from his medications. Objective findings included a slow and antalgic gait, limited range of motion of all planes of the lumbar spine with exacerbation of pain, tenderness to palpation of bilateral paravertebral muscles of the lumbar spine at L4-S1, and painful range of motion of the right hip. It was noted that the patient had been well-controlled on his medications, including Neurontin for the neuropathic component of his chronic, severe pain, Flexeril as needed for muscle spasms, and Tramadol as needed for moderate to severe pain. It was noted that these medications allowed him to avoid the use of opiate medications. The physician further noted that the use of these medications have been very successful throughout the previous year in allowing the patient not to have to revert back to narcotic pain medications for his severe pain. It was also noted that he had not developed any significant adverse effects from the medications, there were not any red flags, and that he was compliant with his pain management contract.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Flexeril #90 between 6/25/2013 and 9/1/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®), Muscle relaxants Page(s): 41-42, 63-64.

**Decision rationale:** The employee is noted to be using Flexeril 10 mg every 8 hours as needed for muscle spasms, which are noted to be frequent. The employee other medications are noted to include Neurontin 600 mg and Tramadol 50 mg. The MTUS Guidelines state that Cyclobenzaprine is recommended as an option for a short course of therapy. The MTUS guidelines indicate that Cyclobenzaprine is more effective than a placebo in the management of back pain, but that the effect is modest and comes at the price of greater adverse effects. The guidelines further state that non-sedating muscle relaxants should be used with caution as a second-line option for short-term treatment of acute exacerbations in individuals with chronic low back pain. The guidelines also specify that antispasmodics are used to decrease muscle spasm in conditions such as low back pain; however, they further specify that recommendations are for short courses of therapy only. This is stated to be due to the fact that there are limited and mixed-evidence trials which do not allow for recommendation for chronic use. At this point, this medication is not recommended to be used for longer than 2 to 3 weeks. Therefore, despite the documentation of effectiveness of this medication for the employee, the long-term use of the medication is not supported by guidelines. Therefore, the request is non-certified. The request for 1 prescription of Flexeril #90 between 6/25/2013 and 9/1/2013 is not medically necessary and appropriate.

**1 prescription of Tramadol 50mg, #90 between 6/25/2013 and 9/1/2013: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram®), Opioids for neuropathic pain, long-term assessment Page(s): 113,82-83 , 88.

**Decision rationale:** The employee is noted to be taking Tramadol 50 mg to be taken every 8 hours as needed for moderate to severe pain. The employee's other medications are noted as Neurontin 600 mg and Flexeril 10 mg. It was noted that the employee had previously tried Tylenol, Motrin, Naprosyn, Vicodin, Tylenol #3, and Soma for pain. The MTUS Guidelines indicate that Tramadol has been suggested as a second-line treatment and can be used alone or in combination with the first-line medication. The MTUS Final Determination Letter for IMR [REDACTED] 4 guidelines also specify that for long-term users of opioid medications should be re-assessed frequently. The documentation should include whether the diagnosis has changed, other medications the individual is taking, whether the medications are effective or producing side effects, what other treatments have been attempted since the use of the opioid medication, have those treatment been effective, how long those treatments have been effective, improvement in pain and function, adverse effects, whether the patient seems to need a

psychological consultation, and whether there is an indication for screening instrument for abuse and addiction. The documentation should also include the individual's pain and functional improvement compared to baseline, satisfactory response to treatment may be documented by the individual's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should also be considered in determining the individual's response to treatment. It also notes that pain should be addressed at each visit, and functioning should be measured at 6 month intervals using a numerical scale or validated instrument. It is noted that the employee had previously failed first-line medications and that Tramadol has been effective in decreasing the employee's pain; however, the detailed documentation required by the MTUS Guidelines for long-term use of opioids has not been provided in the medical records. With the absence of this detailed documentation as listed, the requested medication is not supported. Therefore, the request is non-certified. The request for 1 prescription of Tramadol 50mg, #90 between 6/25/2013 and 9/1/2013 is not medically necessary and appropriate.

**1 prescription of Neurontin 600mg, #90 between 6/25/2013 and 9/1/2013:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin®), and Section Antiepilepsy drugs (AEDs) Page(s): 49, 16-17.

**Decision rationale:** The employee is noted to be on Neurontin 600 mg every 8 hours as needed for neuropathic pain. The employee's other medications are noted to be tramadol and Flexeril. The MTUS Guidelines state that gabapentin is considered a first-line treatment for neuropathic pain. The MTUS guidelines also state that the continued use of anti-epilepsy drugs depends on improved outcomes versus tolerability of adverse effects. The employee was noted to have reported improvement with the medication, and denied side effects. Therefore, the requested medicine is supported by guidelines and is certified. The request for 1 prescription of Neurontin 600mg, #90 between 6/25/2013 and 9/1/2013 is medically necessary and appropriate.