

Case Number:	CM13-0042821		
Date Assigned:	12/27/2013	Date of Injury:	10/12/2010
Decision Date:	07/24/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	10/19/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 67 year old patient with a date of injury of 10/12/2010. The mechanism of injury is unknown. In the most recent progress report dated 10/18/2013, the patient is doing well but there is still some persistent pain. On 8/30/2013 the patient was seen with complaint of recurrence of myofascial pain. Objective exam notes on this same date show hypertonicity of the paraspinal muscles. Diagnostic impression shows myofascial pain, intervertebral disc disease, right lumbar radiculitis status-post lumbar fusion. Treatment to date: medication management, activity modification, and surgery. A UR decision dated 9/18/2013 denied Tramadol 37.5/325 and Cyclobenzaprine 7.5 stating that Tramadol is not recommended as a first-line oral analgesic for neuropathic pain. Furthermore, they stated that Cyclobenzaprine is recommended for a short course of therapy, and that limited, mixed-evidence does not allow for a recommendation for chronic use.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF CYCLOBENZAPRINE 7.5MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41-42.

Decision rationale: According to page 41 of the Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. However, there is no description of an acute exacerbation of the patient's chronic pain. Guidelines do not support the long term use of muscle relaxants due to diminishing efficacy over time and the risk of dependence. Therefore, the request for Cyclobenzaprine 7.5mg #90 is not medically necessary.

PRESCRIPTION OF TRAMADOL 37.5/325MG, #160: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was no documentation of functional improvement or continued analgesia from the use of Tramadol. There was no evidence of urine drug screens CURES monitoring or an opiate pain contract. Guidelines require clear and concise documentation for ongoing opioid management. Therefore, the request for prescription for Tramadol 37.25/325mg is not medically necessary.