

<b>Case Number:</b>	CM13-0051304		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	03/01/2004
<b>Decision Date:</b>	03/10/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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. 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 a male patient with a date of injury of 3/1/04. A utilization review determination dated 10/9/13 recommends partial certification of Ultram ER to a 1-month supply, partial certification of Cyclobenzaprine to #20, and non-certification of Quazepam. An appeal letter dated 10/19/13 identified a history of L3-4 AP fusion, bilateral greater trochanteric bursitis, bilateral total knee arthroplasties, depression, anxiety, sleep apnea, bilateral carpal tunnel syndrome, lumbar facet syndrome, and radiculopathy. Objective examination findings identify a slow antalgic gait, positive right SLR, and decreased sensation in the right L5. There is a PHQ-9 score of 15/30 indicating moderate depression. The provider notes that the patient has lumbar muscle spasm surrounding the area of the incision. The patient does have an opiate contract and his most recent urine test was 8/28/13 and noted to be compliant. Ultram ER was significant beneficial allowing the patient to completely discontinue his Oramorph SR. Quazepam is indicated as a sleep medication and the provider notes the interplay between chronic pain and insomnia. The patient was dispensed Quazepam 15 mg q.h.s. as a trial.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**requested treatment for Ultram ER (extended release) 150mg: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

**Decision rationale:** Regarding the request for Ultram ER, Chronic Pain Medical Treatment Guidelines notes that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation that the patient has an opiate contract and urine drug screens have shown compliance. The provider also indicates that it has helped the patient to completely discontinue Oramorph SR. However, that does not clearly identify quantifiable pain relief and/or specific functional improvement to justify ongoing usage of the medication in accordance with the recommendations of the Chronic Pain Medical Treatment Guidelines. The previous utilization review recommended modification of the medication to a 1-month supply, and that could have been utilized to better clarify the patient's pain relief and functional improvement from the medication. Unfortunately, there is no provision to modify the current request. In light of the above issues, the currently requested Ultram ER is not medically necessary.

**requested treatment for Cyclobenzaprine 7.5 mg:** Upheld

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

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

**Decision rationale:** Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines supports the use of nonsedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that Cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is documentation of muscle spasms, but there is no identification of a specific analgesic benefit or objective functional improvement as a result of the Cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine is not medically necessary.

**requested treatment for Quazepam 15mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 24.

**Decision rationale:** Regarding the request for Quazepam, Chronic Pain Medical Treatment Guidelines states that benzodiazepines in general are not recommended for long-term use

because long-term efficacy is unproven and there is a risk of dependence, and most guidelines limit their use to 4 weeks. Specific to Quazepam, the FDA notes that it is indicated for the treatment of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings, and/or early morning awakenings; its prolonged administration is generally not necessary or recommended. Within the documentation available for review, it is noted that the medication is being utilized as a sleep medication and the provider notes the interplay between chronic pain and insomnia. However, there is no clear documentation of functional improvement with its use and, as noted above, long-term use is not supported. In light of the above issues, the currently requested Quazepam is not medically necessary.