

Case Number:	CM13-0056437		
Date Assigned:	04/25/2014	Date of Injury:	12/16/2006
Decision Date:	06/12/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/22/2013

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 Anesthesiology, and is licensed to practice in Texas. 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:

The patient is a 60 year old male who was injured on 12/16/2006. The diagnoses are lumbar facet syndrome, low back pain, SI joint pain and piriformis syndrome. There are associated diagnoses of depression, anxiety, panic disorder and insomnia. The patient had completed PT and chiropractic treatments. The hand written notes from the treating doctor are illegible. The psychiatrist [REDACTED] noted that the patient was previously on Tylenol #3 and had indicated he did not want any surgery or epidural steroid injections. The medications are Lunesta for sleep, Tramadol ER for pain, Cyclobenzaprine for muscle spasm and Docusate to treat opioid induced constipation. A utilization review decision was rendered on 11/8/2013 recommending non-certification for Cyclobenzaprine 7.5mg #30, modified certification for Tramadol ER 50 #30 to #15 and Docusate 100mg #30 to 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRAMADOL ER 50MG QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80, 113.

Decision rationale: The MTUS Chronic Pain Guidelines addressed the use of opioids for the treatment of chronic pain. It is recommended that the use of opioids be limited to periods of exacerbation of chronic pain that did not respond to standard NSAIDs, physical therapy and exercise. Opioids can also be used in chronic pain treatment when surgical and interventional procedure options have been exhausted or are ineffective. Tramadol is an extended release formulation analgesic that acts on opioid and non opioid receptors. It is associated with less opioid addictive and sedative properties than pure opioid analgesic. This patient has been on Tramadol since Tylenol #3 was discontinued in February 2013. The patient had declined non medication options to control the pain. There are significant psychiatric and psychosomatic symptoms that can further increase the risk of opioid induced complications. There is no documentation on improvement in activities of daily living, functional restoration or compliance monitoring such as urine drug screens and absence of aberrant behavior. The criteria for continuation of Tramadol utilization was not met. The request is therefor enot medically necessary and appropriate.

CYCLOBENZAPRINE 7.5 MG QTY: 30.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,63.66.

Decision rationale: The MTUS Chronic Pain Guidelines recommend that only non-sedating muscle relaxants be used when necessary as second-line option for short term treatment of acute exacerbation of symptoms that are non responsive to standard treatments including NSAIDs, physical therapy, and exercise. The short term course should be limited to 2-3 weeks periods to minimize the risk of dependency, sedation, and addiction associated with chronic use of muscle relaxants. The efficacy of muscle relaxants have been noted to decrease over time. The rmedical records provided for review indicate that the patient has been on muscle relaxants for many years. There is no documentation of objective findings of recurrent spasticity or muscle spasm. The criteria for continuation of cyclobenzaprine was not met. Consequently, the request is not medically necessary and appropriate.

DOCUSATE 100 MG QTY: 30.00: 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 Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Guidelines indicate the long term use of opioid medications is associated with adverse effects including constipation. The MTUS Chronic Pain Guidelines recommend strategies for minimizing constipation including increased fluid intake, dietary fibre intake, adequate exercise and the use of laxatives when necessary. The medical

records provided for review indicate that this patient is already in the process of discontinuation of chronic opioid treatment. The criteria for continuation of docusate 100mg was not met.