

Case Number:	CM13-0066459		
Date Assigned:	01/03/2014	Date of Injury:	05/29/2012
Decision Date:	05/19/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/15/2013

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 Internal Medicine & Emergency Medicine and is licensed to practice in Florida. 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 patient is a 34 year-old with a date of injury of 05/29/12. A progress report associated with the request for services, dated 10/14/13, identified subjective complaints of low back pain, 7/10. Objective findings included tenderness to palpation of the lumbar spine with decreased range-of-motion. Motor and sensory function and reflexes were normal. Diagnoses included right L5 and S1 disc herniation, status-post decompression. Treatment has included lumbar laminotomy and Final Determination Letter for IMR Case Number CM13-0066459 3 decompression in May of 2013. He has had 12 sessions of physical therapy. Oral medications included oral opioids, NSAIDs, and topical analgesics. The record states that he appeared more comfortable and that he was limiting his activities. Specific functional measures were not listed. A Utilization Review determination was rendered on 12/10/13 recommending non-certification of "retrospective Norco 10/325mg 1 tab 4-6hrs prn #90; retrospective Fexmid 7.5mg 1 tab qid #60; retrospective naproxen sodium 550mg 1 tab bid #90; and retrospective Ultram 150mg 1 cap daily #60".

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NORCO 10/325MG 1 TAB 4-6HRS PRN #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Norco 10/325 is a combination drug containing acetaminophen and the opioid hydrocodone. The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. The guidelines note that a recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Chronic Pain Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." The MTUS Guidelines further state that opioid therapy is not recommended for the low back beyond 2 weeks. The patient has been on Norco in excess of 16 weeks. The Official Disability Guidelines (ODG) state: "While long-term opioid therapy may benefit some patients with severe suffering that has been refractory to other medical and psychological treatments, it is not generally effective achieving the original goals of complete pain relief and functional restoration." Therapy with Norco appears to be ongoing. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy. Therefore, the record does not demonstrate medical necessity for Norco.

RETROSPECTIVE FEXMID 7.5MG 1 TAB QID #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril®)/ Muscle Relaxants Page(s): 41-42, 63-66.

Decision rationale: Fexmid (cyclobenzaprine) is an antispasmodic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that cyclobenzaprine is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of cyclobenzaprine to other agents is not recommended. The Guidelines do note that

cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for cyclobenzaprine beyond a short course are not well supported. Likewise, it is being used in combination with other agents for which no additional benefit has been shown. Therefore, in this case, the medical record does not document the medical necessity for Fexmid (cyclobenzaprine).

RETROSPECTIVE NAPROXEN SODIUM 550MG 1 TAB BID #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen; Nsaids Page(s): 12,67-73.

Decision rationale: Naproxen (Naprosyn) is a non-steroidal anti-inflammatory agent (NSAID). The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." NSAIDs are also recommended as an option for short-term symptomatic relief on back pain. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. Since NSAIDs are recommended for the shortest period possible, there must be documented evidence of functional improvement to extend therapy beyond that; additionally, the level of pain and prior use of alternatives such as acetaminophen. Therefore, the record does not document the medical necessity for naproxen.

RETROSPECTIVE ULTRAM 150MG 1 CAP DAILY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 74-96,113.

Decision rationale: Ultram (Tramadol) is a centrally acting synthetic opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as

treatment for chronic back pain (Martell - Annals, 2007)." Opioids are not recommended for more than 2 weeks and the Guidelines further state that Tramadol is not recommended as a first-line oral analgesic. This patient has been on Tramadol in excess of 16 weeks. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy in view of the recommendations to avoid long-term therapy; likewise, that other first-line oral analgesics have been tried and failed. Therefore, the record does not document the medical necessity for Ultram.