

Case Number:	CM14-0000519		
Date Assigned:	06/16/2014	Date of Injury:	06/07/1991
Decision Date:	07/30/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/02/2014

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 Occupational Medicine 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:

The claimant was injured on 06/07/91. He is status post L3-S1 hemilaminectomy and C4-7 anterior cervical fusions. Medications and urine toxicology screen have been requested and are under review. His median branch nerves were injected on 10/24/13. He also had median branch blocks on 10/10/13. His diagnoses include myofascial pain syndrome with post laminectomy syndrome, headache, chronic pain, PTSD, chronic low back pain and degenerative disease with spondylosis of the neck and back. He saw [REDACTED] on 12/11/13. He had headaches, neck back and arm pain and weakness. He was status post lumbar median branch nerve blocks in October. He had marked improvement in his pain for approximately 6 weeks but his discomfort was returning. He had headaches intermittently. They were of less intensity since he completed Botox in July. His neck pain was also about 80% improved. He was tolerating his medications well and wanted to proceed with lumbar radiofrequency neurotomy. He is status post multiple injections and surgeries. He has had multiple cervical and lumbar epidurals. He also has a history of PTSD, depression, and anxiety. He was in no acute distress. Cervical spine was abnormal with cervical scars and moderate crepitation. He had decreased range of motion, stiffness, and tenderness with mild trapezial and levator scapulae muscle bands and trigger points. He had good range of motion. His low back was also tender with decreased lumbar lordosis. He had end range of motion stiffness and tenderness. The paraspinals were tight. Facet loading caused minimal tenderness. He had decreased range of motion. His gait was normal. He had good strength in his extremities except for the bilateral right plantar flexor and dorsiflexion. He had decreased light touch sensation throughout. Reflexes were symmetric. He had multiple diagnoses involving the spine. A urine toxicology screen was recommended. He was prescribed Reglan, tramadol, and Amrix. He was to continue his home exercises

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine toxicology screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 77.

Decision rationale: The history and documentation do not objectively support the request for drug testing. The MTUS state drug testing may be recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. It is not clear why illegal drugs were suspected as there is no documentation of noncompliance, lack of effectiveness, or suspected diversion. The provider's specific concern and the indication for this study are not stated and none can be ascertained by review of the records. The medical necessity of this request has not been clearly demonstrated, therefore is not medically necessary.

Reglan 10mg (1) QD(once a day) BID(twice a day): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: PDR, 2014.

Decision rationale: The history and documentation do not objectively support the request for Reglan. This medication may be recommended for delayed gastric emptying, for instance in diabetic patients. However, in this case, there is no history of gastrointestinal problems for which it appears to be indicated. The specific indication for its use has not been described and none can be ascertained from the records. The medical necessity of the use of Reglan has not been clearly demonstrated, therefore is not medically necessary.

Tramadol 50mg daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113 and 145.

Decision rationale: The history and documentation do not objectively support the request for tramadol. The CA MTUS p. 145/113 Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Also, before prescribing any

medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days,. A record of pain and function with the medication should be recorded. (Mens 2005) there is no documentation of benefit to this claimant, including functional improvement, from the use of tramadol and no evidence of trials and failure of or intolerance to other more commonly used first line drugs. The expected benefit or indications for the use of this medication have not been stated and none can be ascertained from the records. The medical necessity of the use of tramadol has not been clearly demonstrated, therefore is not medically necessary.

Amrix 15mg XR 24h (1) QOD(every other hour): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-spasmodics Page(s): 98.

Decision rationale: The history and documentation do not objectively support the request for Amrix. MTUS states regarding antispasmodics, used to decrease muscle spasm in conditions such as LBP although it appears that these medications are often used for the treatment of musculoskeletal conditions whether spasm is present or not. The mechanism of action for most of these agents is not known. (Chou, 2004) Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. Also, before prescribing any medication for pain, the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication to be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medication should show effects within 1 to 3 days,. A record of pain and function with the medication should be recorded. (Mens 2005) There is no indication of significant spasm for which this type of medication appears to be indicated and the benefit to the claimant, including functional improvement, has not been described. The medical necessity of the use of Amrix has not been clearly demonstrated, therefore is not medically necessary.