

Case Number:	CM14-0005776		
Date Assigned:	02/07/2014	Date of Injury:	09/13/2011
Decision Date:	06/20/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Emergency 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 injured her low back on the 09/13/11. She has also been evaluated for stress and depression. She has received a number of medications. On 05/25/13, she was taking ibuprofen, Vicodin, Norflex, and Prilosec. Acupuncture was recommended along with physical therapy and an internal medicine consultation. Her medications were continued. On 11/05/13, she was prescribed Norco, cyclobenzaprine cream, and Zanaflex and Ultracet was discontinued. She saw [REDACTED] on 11/07/13 for an initial orthopedic surgery consultation. She complained of neck pain, shoulder and arm pain, upper back, mid back, low back pain. Overall her condition had worsened. Her back pain had not changed. She was taking Norco, lorazepam, Prilosec, and Zanaflex. On 07/22/13, electrodiagnostic studies showed evidence of borderline carpal tunnel syndrome on the right but no cervical radiculopathy. X-rays of the wrists were unremarkable. She was diagnosed with bilateral carpal tunnel syndrome (CTS). She was seen in emergency department for neck pain on 10/30/13. She was in no acute distress and had no focal findings. She had nausea and vomiting that was treated. She was discharged in stable condition. On 12/10/13, the provider prescribed Norco, Ultracet, Zanaflex, and cyclo-keto-lido cream. On 01/16/14, [REDACTED] diagnosed bilateral CTS and electrodiagnostic studies were ordered. On 01/13/14, she saw the provider and complained of neck, back, and right shoulder pain. Her neck pain was constant at level 7/10 with tightness across the shoulders and right shoulder pain that was constant and interfered with her sleep. She also had low back pain that was constant and level 7/10 and increased with sitting. The medications were not helping. She stated she was concerned that she was taking too many medications in addition to her psych meds. The diagnoses include cervical degenerative disc disease (DDD), lumbar DDD, thoracic sprain, and right shoulder injury. She also had a sleep disorder. Tramadol, Zanaflex, and Norco were discontinued and she was given cyclo/keto/lido cream. MRI (magnetic resonance imaging)

reportedly showed acromioclavicular joint osteoarthritis. The claimant has attended rehabilitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOKETO-L 3%/20%/6.15% TRANSDERM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL MEDICATIONS Page(s): 143-144.

Decision rationale: The history and documentation do not objectively support the request for Cycloketo-L 3%/20%/6.15% transdermal cream. The CA MTUS states that "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed...Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." There is no evidence of failure of all other first line drugs or intolerance to them. Topical cyclobenzaprine is not recommended and topical lidocaine is only recommended in the form of Lidoderm patch. The claimant was prescribed other oral medications at the same time as this topical agent. The medical necessity of this request has not been clearly demonstrated. As such, the request is not certified.

HYDROCODONE/APAP 5/325 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, Page(s): 110. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES,

Decision rationale: The claimant has been prescribed both Vicodin and Norco since her injury. The CA MTUS outlines several components of initiating and continuing opioid treatment and states "a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." In these records, there is no documentation of trials and subsequent failure of or intolerance to first-line drugs such as acetaminophen although there is evidence of gastrointestinal symptoms for which she was taking Prilosec. However, it appears that she complained of nausea from Tramadol and not non-steroidal anti-inflammatory drugs (NSAIDs). The MTUS further explains, "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." There is also no indication that periodic monitoring of the claimant's pattern of use and response to this medication, including assessment of pain relief and functional benefit, will be done. There is no evidence that she has been involved in an ongoing rehab program to help maintain any benefits she received from treatment measures. Additionally, the 4A's "analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors" should be followed and documented per MTUS guidelines. The claimant's pattern of use of hydrocodone is unclear. There is no evidence that a signed pain agreement is on file at the provider's office and no evidence that a pain diary has been recommended. As such, the medical necessity of the use of hydrocodone has not been clearly demonstrated. As such, the request is not certified.

TRAMADOL HCL/APAP 37.5/325 MG: Upheld

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

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

Decision rationale: The CA MTUS states that "Tramadol (Ultram®) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic." There is no documentation of trials and failure of or intolerance to other more commonly used first line drugs including acetaminophen. In addition, the claimant has reported gastrointestinal complaints that she related to her use of Tramadol. It is not clear why Tramadol with APAP would now be indicated if intolerable side effects from it have already been reported. Also, on 01/16/14, the claimant stated she was afraid she was taking too many medications and Tramadol was discontinued and it is not clear why it has been ordered again. The expected benefit or indications for the use of this medication at this time have not been stated. The medical necessity of Tramadol has not been clearly demonstrated. As such, the request is not certified.

TIZANIDINE HCL 4 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TIZANIDINE Page(s): 97. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, Formulary, tizanidine.

Decision rationale: The history and documentation do not objectively support the request for tizanidine. The CA MTUS guidelines state for Tizanidine," Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP). Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond non-steroidal anti-inflammatory drugs (NSAIDs) in pain and overall improvement. Also there is no additional benefit shown in combination with

NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications." Additionally, the Official Disability Guidelines (ODG) states "recommend non-sedating muscle relaxants with caution as a second-line option for short-term (less than two weeks) treatment of acute LBP and for short-term treatment of acute exacerbations in patients with chronic LBP. 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. A record of pain and function with the medication should be recorded. Muscle relaxers may be recommended for short-term (2-3 weeks) use for muscle spasm associated with acute painful musculoskeletal conditions. The medical documentation provided does not establish the need for the use of Tizanidine for chronic pain that has been worsening despite treatment to date. Additionally, the medical records provided do not provide objective findings of acute spasm or a specific exacerbation. In this case, the claimant's pattern of use of medications, including trials of other first-line drugs including relief of symptoms and documentation of functional improvement or lack thereof, have not been described. As such, this request for Tizanidine 4 mg is not medically necessary.