

Case Number:	CM14-0106043		
Date Assigned:	07/30/2014	Date of Injury:	08/10/2010
Decision Date:	08/29/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/09/2014

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 Physical Medicine & Rehab and is licensed to practice in Illinois. 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 injured worker is a 52-year-old male with a reported date of injury on 08/10/2010. The mechanism of injury was not provided within the documentation available for review. His diagnosis included anterior cervical fusion C6-7 on 03/13/2014. The x-rays of the cervical spine showed good progression of the fusion. The injured worker presented with cervical range of motion allowing for flexion and extension to 30 degrees and rotation to 45 degrees bilaterally. Neurological exam of the upper extremities was intact. The physician indicated that Norco and Ultram were as needed for pain and Flexeril for spasms. The injured worker's medication regimen included Norco, Ultram, and Flexeril. The Request for Authorization for tramadol ER 150 mg #60, cyclobenzaprine 5 mg #60, and hydrocodone/APAP 10/325 mg #60 was submitted on 07/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol ER 150mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, Page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicates the injured worker has utilized tramadol ER prior to 01/2014. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS pain scale. In addition, there is a lack of documentation related to the ongoing review of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for tramadol ER 150 mg #60 is non-certified.

Cyclobenzaprine 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

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

Decision rationale: The CA MTUS guidelines recommend cyclobenzaprine as an option, using a short course of therapy. 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. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. The clinical documentation provided for review indicates the injured worker has utilized cyclobenzaprine prior to 01/2014. There is a lack of documentation related to the therapeutic and functional benefit in the ongoing utilization of cyclobenzaprine. In addition, the guidelines recommend cyclobenzaprine as a short course of therapy. The request for continued use of cyclobenzaprine exceeds the recommended guidelines. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for cyclobenzaprine 5 mg #60 is non-certified.

Hydrocodone/APAP 10/325 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page(s) 78 Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the ongoing management of opioids should include the ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated

by the patient's decreased pain, increased level of function, or improved quality of life. The clinical information provided for review indicates the injured worker has utilized Hydrocodone/APAP prior to 01/2014. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values in degrees and the utilization of a VAS pain scale. In addition, there is a lack of documentation related to the ongoing review of pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the request for hydrocodone/APAP 10/325 #60 is non-certified.