

<b>Case Number:</b>	CM14-0011024		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	03/30/2011
<b>Decision Date:</b>	06/30/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/28/2014

### 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 patient is a 45-year-old male who has submitted a claim for contusion of face, scalp, neck and back status post posterolateral interbody fusion, L4-L5, L5-S1 associated with an industrial injury date of March 30, 2011. Medical records were reviewed. Documentation from 2011 was lacking. Subjective and objective information from the medical records submitted are not relevant to the present request. The recent utilization review states that the patient complained of low back and right lower extremity pain with tingling and numbness. Physical examination showed lumbar paraspinal muscle tenderness. There was also a positive straight leg raise test. EMG studies show evidence of subacute to chronic right L5 radiculopathy. Treatment to date has included medications and lumbar spine surgery. A utilization review dated January 17, 2014, denied the request for retrospective pharmacy purchase of Theratramadol #240 date of service 12/28/11 and Therabenzaprine #120 and Theratramadol #300 date of service 09/21/11 because there is no rationale which would support combining a drug with a medical food supplement, particularly one which is not supported by evidenced-based recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE PURCHASE OF THERATRAMADOL, #240 DOS: 12/28/11:** 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 Opioids Page(s): 77-78; 82.

**Decision rationale:** The MTUS Chronic Pain Guidelines pages 77-78 states that ongoing opioid treatment should include monitoring of analgesia, activities of daily, adverse effects and aberrant drug-taking behaviors. In addition, page 82 states that opioid analgesics and Tramadol are not considered as first-line treatment for neuropathic pain, unless prompt pain relief is needed while titrating a first-line drug, and treatment of episodic severe pain exacerbations. In this case, documentation from the requested date of service is lacking. There was no information whether the patient was taking the medication or not. There was also a lack of documentation regarding the benefits gained from its use. There was no information regarding adverse effects and aberrant drug-taking behaviors. Furthermore, the request did not specify the dosage. Therefore, the request is not medically necessary and appropriate.

**RETROSPECTIVE PURCHASE OF THERABENZAPRINE, #120 DOS: 9/21/11:** 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 Muscle Relaxant Page(s): 41.

**Decision rationale:** As stated on page 41 of the MTUS Chronic Pain Guidelines, treatment using cyclobenzaprine should be used as a short course of therapy because the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment. In this case, documentation from the requested date of service is lacking. There was no information whether the patient was taking the medication or not. There was also lack of documentation regarding the benefits gained from its use. Furthermore, the request did not specify the dosage. Therefore, the request is not medically necessary.

**RETROSPECTIVE PURCHASE OF THERATRAMADOL, #300 DOS: 9/21/11:** 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 Opioids Page(s): 77-78, 82.

**Decision rationale:** The MTUS Chronic Pain Guidelines pages 77-78 states that ongoing opioid treatment should include monitoring of analgesia, activities of daily, adverse effects and aberrant-drug taking behaviors. In addition, page 82 states that opioid analgesics and Tramadol are not considered as first-line treatment for neuropathic pain, unless prompt pain relief is needed while titrating a first-line drug, and treatment of episodic severe pain exacerbations. In this case, documentation from the requested date of service is lacking. There was no information regarding whether the patient was taking the medication or not. There was also a lack of documentation regarding the benefits gained from its use. There was no information regarding adverse effects

and aberrant drug-taking behaviors. Furthermore, the request did not specify the dosage. Therefore, the request is not medically necessary and appropriate.