

Case Number:	CM14-0011575		
Date Assigned:	02/21/2014	Date of Injury:	09/26/2006
Decision Date:	07/09/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/29/2014

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 Internal 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:

Patient is an injured worker with cervical and lumbar spine conditions. Date of injury was 09-26-2006. Comprehensive pain management consultation report dated 12-03-2013 by [REDACTED] provided a case summary: The patient has moderate to severe neck pain with intermittent radiation to both upper extremities in the C5-C6 distribution. She also has moderate to severe low back pain radiating down primarily her right lower extremity in the L3-L5 distributions. She had a prior lumbar fusion at L3-L4 and disc replacement at L5-S1 in June 2008. She has had cervical epidural steroid injections, the last one on May 6, 2009. She has also had lumbar rhizotomies done in 2010 and caudal epidural done in 2011. The patient has a history of asthma and hypertension. The patient is currently taking Tramadol, Flexeril and Zanaflex. The patient is allergic to Codeine and Vicodin. Diagnosis were: Cervical disc disease, Cervical radiculopathy, Status post L3-L4 fusion, Status post L5-S1 anterior disc replacement, Lumbar radiculopathy, Lumbar facet syndrome. PR-2 progress note 12-16-2013 documented prescription for Fexmid. Paint management report 11-25-2013 documented a review of medical records. Patient has a history of psychological symptoms and prescription for Lexapro. Utilization review dated 01-21-2014 recommended non-certification of the request for Ultram (Tramadol) and Fexmid (Cyclobenzaprine). Per the 10/2008 report by [REDACTED], the patient has a long history of chemical dependency. By the patient's own admission, she has an addictive personality and has been using medications on a regular basis for as long as she could remember. According to [REDACTED], the patient has a neuropsychiatric history of underlying addictive disorder and had been under the care of a psychiatrist at various times. She has also suffered from significant anxiety and depression in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 ULTRAM (TRAMADOL 50 MG): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guideline addresses the use of Tramadol (Ultram): Do not prescribe to patients that at risk for suicide or addiction. FDA Prescribing Information for Tramadol (Ultram) presents warnings: Do not prescribe Ultram for patients who are suicidal or addiction-prone. Prescribe Ultram Tablets with caution for patients who are taking tranquilizers or antidepressant drug and patients who use alcohol in excess and who suffer from emotional disturbance or depression. The judicious prescribing of tramadol is essential to the safe use of this drug. With patients who are depressed or suicidal, consideration should be given to the use of non-narcotic analgesics. Tramadol-related deaths have occurred in patients with previous histories of emotional disturbances or suicidal ideation or attempts as well as histories of misuse of tranquilizers, alcohol, and other CNS-active drugs. Medical records documented a history of psychological symptoms, prescription for Lexapro, history of chemical dependency, addictive disorder, anxiety and depression. According to MTUS and FDA guidelines, Tramadol (Ultram) is not recommended. Therefore, the request for 120 ULTRAM (TRAMADOL 50 MG) is not medically necessary.

60 FEXMID(CYCLOBENZAPRINE 7.5 MG): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41-42.

Decision rationale: Medical treatment utilization schedule (MTUS) Chronic Pain Medical Treatment Guidelines states that Cyclobenzaprine is recommended as an option, using a short course of therapy. Treatment should be brief. The addition of cyclobenzaprine to other agents is not recommended. FDA Prescribing Information Fexmid (Cyclobenzaprine) states that Fexmid should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available and because therapy for longer periods is seldom warranted. Medical records document that the patient's cervical and lumbar spine conditions are chronic. Date of injury was 09-26-2006. According to MTUS and FDA guidelines, Cyclobenzaprine is indicated for acute musculoskeletal conditions, not chronic conditions. Therefore, Fexmid is not recommended. Therefore, the request for 60 FEXMID (CYCLOBENZAPRINE 7.5 MG) is not medically necessary.

