

Case Number:	CM14-0139411		
Date Assigned:	09/08/2014	Date of Injury:	03/09/2011
Decision Date:	10/03/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	08/28/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 45-year-old female with a 3/9/11 date of injury. At the time (7/25/14) of the request for authorization for retrospective request for 120 Tramadol 50mg between 7/25/14 and 7/25/14, retrospective request for 30 Bisacodyl 5mg between 7/25/14 and 7/25/14; retrospective request for 120 Flexeril 7.5mg between 7/25/14 and 7/25/14; retrospective request for 120 valium 10mg between 7/25/14 and 7/25/14; and retrospective request for 30 Motrin 800mg between 7/25/14 and 7/25/14, there is documentation of subjective (worsening constant low back pain that is radiating to left lower extremity with numbness and tingling to the feet; sleep deprivation, stress, anxiety, and depression due to pain; and internal stomach pain including constipation) and objective (muscle spasms, decreased lumbar spine range of motion, and decreased sensory evaluation over the left leg) findings, current diagnoses (Lumbar Disc Displacement; Constipation; Secondary Sleep Deprivation; Secondary Stress, Anxiety, and Depression; and possible Gastritis), and treatment to date (physical therapy, acupuncture treatment, home TENS unit, and medications (including ongoing treatment with Tramadol, Motrin, Flexeril, Trazodone, Fluoxetine, Morphin, Vicodin, Norco, Lortab, Lorcet, Colace, and Valium since 2012)). Medical records identify inadequate benefit with previous treatment. Regarding Tramadol, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; moderate to severe pain; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Regarding Flexeril, there is no documentation of acute exacerbations in patients with chronic low back pain; the intention to treat over a short course (less than two weeks; and functional benefit or improvement as a reduction in work

restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Regarding valium, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of valium use to date. Regarding Motrin, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg #120 dispensed on 7/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80; 113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. In addition, specifically regarding Tramadol, MTUS Chronic Pain Medical Treatment Guideline identifies documentation of moderate to severe pain and Tramadol used as a second-line treatment (alone or in combination with first-line drugs), as criteria necessary to support the medical necessity of Tramadol. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Lumbar Disc Displacement; Constipation; Secondary Sleep Deprivation; Secondary Stress, Anxiety, and Depression; and possible Gastritis. In addition there is documentation of ongoing treatment with Tramadol since at least 2012 and Tramadol used as a second-line treatment. However, there is no documentation that prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, despite documentation of pain, there is no (clear) documentation of moderate to severe pain. Furthermore, given documentation of ongoing treatment with Tramadol with inadequate pain relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol 50mg #120 dispensed on 7/25/14 is not medically necessary and appropriate.

Bisacodyl 5mg #30 dispensed on 7/25/14: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids; Initiating therapy, Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid Induced Constipation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20; and <http://www.drugs.com/ppa/docusate.html>

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that when initiating opioid therapy, prophylactic treatment of constipation should be initiated. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that opioid-induced constipation is a common adverse effect of long-term opioid use. Medical Treatment Guideline identifies documentation of a diagnosis/condition for which Bisacodyl is indicated (such as short-term treatment of constipation and/or chronic opioid use), as criteria necessary to support the medical necessity of Bisacodyl. Within the medical information available for review, there is documentation of diagnoses of Constipation and possible Gastritis. In addition, there is documentation of ongoing treatment with opioids. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Bisacodyl 5mg #30 dispensed on 7/25/14 is medically necessary and appropriate.

Flexeril 7.5mg #120 dispensed on 7/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Page(s): 41-42. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that Flexeril is recommended for a short course of therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Within the medical information available for review, there is documentation of diagnoses of Lumbar Disc Displacement; Constipation; Secondary Sleep Deprivation; Secondary Stress, Anxiety, and Depression; and possible Gastritis. In addition, there is documentation of ongoing treatment with

Flexeril and Flexeril used as a second line option. However, there is no documentation of acute muscle spasm or acute exacerbations in patients with chronic low back pain. In addition, given documentation of records reflecting prescriptions for Flexeril since at least 2012, there is no documentation of the intention to treat over a short course (less than two weeks). In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Flexeril use to date. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Flexeril 7.5mg #120 dispensed on 7/25/14 is not medically necessary and appropriate.

Valium 10mg #120 dispensed on 7/25/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that benzodiazepines are not recommended for long-term and that most guidelines limit use to 4 weeks. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Lumbar Disc Displacement; Constipation; Secondary Sleep Deprivation; Secondary Stress, Anxiety, and Depression; and possible Gastritis. However, given documentation of ongoing treatment with valium since at least 2012, there is no documentation of the intention to treat over a short course. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of valium use to date. Therefore, based on guidelines and a review of the evidence, the request for retrospective request for Valium 10mg #120 dispensed on 7/25/14 is not medically necessary and appropriate.

Motrin 800mg #30 dispensed on 7/25/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)Ibuprofen (Mortin,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back

pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of Lumbar Disc Displacement; Constipation; Secondary Sleep Deprivation; Secondary Stress, Anxiety, and Depression; and possible Gastritis. In addition, however, given documentation of ongoing treatment with Motrin with inadequate pain relief, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Motrin use to date. Therefore, based on guidelines and a review of the evidence, the request for and retrospective request for Motrin 800mg #30 dispensed on 7/25/14 is not medically necessary and appropriate.