

Case Number:	CM14-0151657		
Date Assigned:	09/19/2014	Date of Injury:	07/11/2013
Decision Date:	10/20/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/17/2014

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 claimant was injured on 07/11/13 when she was throwing a bag of trash into a dumpster and it fell back down and she had pain in her back. This is a retrospective review of the medications clonazepam, cyclobenzaprine, tramadol, and Lidoderm. A drug screen dated 01/30/14 was deemed consistent. She underwent an MRI of the lumbar spine and had PT x 8 visits with limited benefit, and chiropractic and acupuncture with no improvement. She reported constant pain in the low back radiating down mostly the right leg with numbness down the whole posterior leg. Activities such as bending, twisting, and lifting increased her pain. An MRI revealed disc disease from L3-4 through L5-S1 without evidence for a large herniation or disc extrusion. There were annular tears at L4-5 and L5-S1. She has had an antalgic and slow and stooped gait that is wide-based. She had restricted range of motion of the lumbar spine with tenderness and tight muscle bands in trigger points with a twitch response. There were no focal neurologic deficits. She underwent trigger point injections and stated they helped. Heat also helped. She was given naproxen but it did not help and was discontinued. She continued with myofascial pain and trigger points and was prescribed cyclobenzaprine. On 03/26/14, she reported ongoing pain in the low back radiating to the front of her abdomen and bilateral thighs. Her physical findings were unchanged. Tramadol was ordered, also. On 03/10/14, she was seen for a pain management consultation for displacement of a lumbar disc, fibromyositis and chronic pain syndrome. She complained of sleep problems and fatigue with night sweats and weight gain. She had muscle weakness in both legs with back pain and swelling in her legs. She was overweight and appeared depressed. There was significant tenderness and spasm of the low back with pain on range of motion. There was mild weakness of both legs possibly due to guarding from pain. There was dullness to pinprick throughout the right leg compared to the left. A drug screen dated 04/09/14 indicated no tramadol or cyclobenzaprine were present. On 04/09/14, a

low back support was ordered. She reported having strong pain and weakness the Friday before and her leg gave way and she fell. An SI joint belt and active therapy for SI joint pain were recommended. She underwent a lumbar epidural steroid injection on 05/23/14 at level L4-5. On 05/30/14 she had a panel QME reevaluation. She had electrodiagnostic studies on 10/31/13 that were normal. She was found to be permanent and stationary and received an impairment rating. On 06/02/14, a therapist advised her to not use the back support but to start using her own muscles. Her pain had been level 6/10. Physical therapy 8 sessions did not help with her pain or give her any lasting effect. She reported that the epidural injection helped her pain and she was able to move more. She had been able to sleep through the night. She was advised to do a walking exercise program. She stated on 06/05/14 that the epidural injection helped her for only 2 days. She was still having anxiety. Her pain before the ESI was 8/10 and now was 6/10. The TPIs helped her for about a week and were more helpful than the pain killers. She was given a trial of the anxiolytic medication clonazepam. She continued physical therapy and seemed to be improving as of 06/16/14. On 06/27/14, she reported having to go to the emergency department on 06/10/14 due to severe back pain with anxiety and her bilateral lower extremities were swollen and hot. She had spasms in the right leg. She was given injections and sublingual medication and Norco. Her medications included lidocaine-prilocaine cream,, cyclobenzaprine, tramadol, and clonazepam. There were no signs of intoxication. She had a slowed antalgic gait. There are multiple myofascial trigger points. Additional therapy was ordered. On 07/25/14, she stated she was less anxious with clonazepam

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective review of Clonazepam 0.5 mg one tab po bid #60. 2 refills DOS 8-6-14:

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
BENZODIAZEPINES Page(s): 54.

Decision rationale: The MTUS state "benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. A more appropriate treatment for anxiety disorder is an antidepressant. Tolerance to anticonvulsant and muscle relaxant effects occurs within weeks." In this case, there is no evidence that the claimant's depression/anxiety were evaluated or that she tried and failed use of an antidepressant first. The medical necessity of the use of this type of medication prior to a trial of a first line drug such as an antidepressant has not been demonstrated. The MTUS do not support the continuation of use of this medication for a chronic condition that has not been fully evaluated. Therefore the request is not medically necessary.

Retrospective review Cyclobenzaprine 10 mg, 1 tab QHS prn for muscle spasms #30, 2 refills DOS 8-6-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants, Cyclobenzaprine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CYCLOBENZAPRINE Page(s): 74.

Decision rationale: The MTUS state for cyclobenzaprine (Flexeril), "Recommended as an option, using a short course of therapy. The effect is greatest in the first four days of treatment, suggesting that shorter courses may be better. (Browning, 2001). Treatment should be brief." Additionally, MTUS and ODG state "relief of pain with the use of medications is generally temporary and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. 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. Analgesic medication should show effects within 1 to 3 days, ... A record of pain and function with the medication should be recorded. (Mens 2005) Uptodate for "Flexeril" also recommends "do not use longer than 2-3 weeks" and is 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 long-term/chronic usage of Flexeril, which MTUS guidelines advise against. Additionally, the medical records provided do not provide objective findings of acute spasms or a diagnosis of acute spasm. In this case, the claimant's pattern of use of medications, including other first-line drugs such as acetaminophen and possible antidepressants for chronic pain and the response to them, including relief of symptoms and documentation of functional improvement, or lack thereof, have not been described. As such, this request for cyclobenzaprine hydrochloride 10 mg #30 with 2 refills is not medically necessary.

Retrospective review Tramadol 50 mg, 1 tab, every 12 hours as needed #60, 2 refills DOS 8-6-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids

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

Decision rationale: The MTUS p. 145 state "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, antidepressants, and local care such as ice or heat. In fact, the claimant stated that heat helped. The expected functional benefit and specific indications for the use of this medication have not been stated. The request is not medically necessary.

Retrospective review Lidoderm #30, 2 refills DOS 8-6-14: Upheld

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

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

Decision rationale: The history and documentation do not objectively support the request for Lidoderm #30 with 2 refills, DOS 8/6/14. The MTUS p. 143 state "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. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. The claimant received refills of several other medications, also. No indications for Lidoderm are specifically mentioned in the records. The claimant continued to receive lidocaine/prilocaine cream and there is no mention of a switch to Lidoderm patch. The request is not medically necessary.