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| Case Number: | CM14-0161898 | | |
| Date Assigned: | 10/07/2014 | Date of Injury: | 06/14/2013 |
| Decision Date: | 11/10/2014 | UR Denial Date: | 09/04/2014 |
| Priority: | Standard | Application Received: | 10/02/2014 |

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 42-year-old woman who sustained a work-related injury on June 14, 2013. Subsequently, she developed chronic neck and back pain. A lumbar MRI done in July 2013 showed a bulging disc at L5-S1 with S1 nerve root compression. In September 2013 a cervical MRI showed broad-based bulge at C4-5 and C5-6 with encroachment at C5-6. She had an x-ray of the thoracic spine done on September 2013 that showed normal study other than mild degenerative changes. An EMG/NCS of the upper extremity done on December 2013 showed no electrodiagnostic evidence of any cervical radiculopathies or median or ulnar nerve neuropathies. On January 2014, the patient had a lumbar epidural. She stated that after the lumbar epidural, she had more pain and she had a new pain going into her right groin. The patient also stated that acupuncture therapy did not improve the patient pain. According to the progress report dated July 31, 2014, it has been stated that the neck seems to be doing better but the lumbar spine does show evidence of ongoing nerve damage with radiculitis and decreased range of motion of the lumbar spine. The patient has normal sensation in all dermatomes, cervical and lumbar. She has normal strength and fine motor control. She does weakness of the right abductor hallucis and foot flexors. The patient was diagnosed with lumbar disc disease with bulging disc at L5-S1 with compression and cervical disc disease. The provider requested authorization for Cyclobenzaprine, Tramadol ER, Narcosoft, and Trazodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10 mg twice daily #60 dispensed 7/31/14,: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: According to MTUS guidelines, Cyclobenzaprine a non sedating muscle relaxants is recommended with caution as a second line option for short term treatment of acute exacerbations in patients with chronic spasm and pain. Efficacy appears to diminish over time and prolonged use may cause dependence. The guidelines do not recommend to be used for more than 2-3 weeks. The patient in this case does not have clear significant functional improvement with prior use of muscle relaxants. There is no indication of recent evidence of spasm. Therefore, the request for Cyclobenzaprine 10 mg is not medically necessary.

Tramadol ER 150 mg twice daily #60 dispensed 7/31/14,; Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 113.

Decision rationale: According to MTUS guidelines, Ultram (Tramadol) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear recent and objective documentation of pain and functional improvement in this patient with previous use of Tramadol. There is no clear documentation of compliance and UDS for previous use of tramadol. Therefore, the prescription of Tramadol ER 150mg Qty:60 is not medically necessary.

Narcosoft 3-4 caps daily #60 dispensed 7/31/14,; Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation fdb.rxlist.com

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.webmd.com/drugs/2/drug-165829/narcosoft-ii-oral/details/list-conditions>

Decision rationale: Narcosoft is used for irritable colon syndrome. There is no FDA approval or controlled studies supporting the use of Narcosoft for treatment of irritable colon syndrome. There is no documentation that the patient developed irritable colon syndrome. Therefore, the request for Narcosoft 3-4 caps daily #60 dispensed 7/31/14.

Trazodone 100 mg at bedtime #30 dispensed 7/31/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-depressants.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Schwartz, T., et al. (2004). "A comparison of the effectiveness of two hypnotic agents for the treatment of insomnia." *Int J Psychiatr Nurs Res* 10(1): 1146-1150.

Decision rationale: There is no clear evidence that the patient was diagnosed with major depression requiring Trazodone. There is no formal psychiatric evaluation documenting the diagnosis of depression requiring treatment with Trazodone. In addition, there is no recent documentation of insomnia. Therefore, the request for Trazodone 100 mg is not medically necessary.