MAXIMUS Federal Services

Case Number:	CM14-0168323		
Date Assigned:	10/15/2014	Date of Injury:	06/02/2003
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/13/2014

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 Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 78-year-old female with complaints of low back pain. The date of injury is 6/2/03; CT 01/16/08-1/16/09 and the mechanism of injury were not elicited. At the time of request for Tramadol 150mg #60 x2, Naproxen 550mg #90, Cyclobenzaprine 7.5 mg #90, Neurontin 600mg #60, and Xanax .5mg #60, there is subjective (6/10 low back pain with left greater than right lower extremity symptoms, increased weakness, instability and near falls as a result of lower extremity neurologic complaints, 7/10 cervical pain with left upper extremity symptoms), objective (cervical and lumbar spine tenderness, and limited ROM. Lower extremity neurologic evaluation showed left quadriceps 4/5, left EHL 4/5, left eversion 4/5, right eversion 4+/5 and left greater than right L4, L5, S1 dermatomal distributions), surgery, (remote lumbar surgery), current medications (Tramadol ER, Naproxen, Pantoprazole, Cyclobenzaprine, Neurontin and Ibuprofen; medications provide benefit and decreases pain average 5 points on scale of 10), diagnoses (cervical spondylosis, left C6 radiculopathy, history of remote lumbar surgery, lumbar myofascial pain, derivative fractures right wrist and right humerus) and treatment to date (LSO, TENS, and physical therapy).The request is for: 1. Tramadol 150mg #60 x2, date of request 9/24/14, Cyclobenzaprine 7.5mg #90 date of request 9/24/14, and Xanax 5mg #60 date of request 9/24/14: was modified to weaning recommendation, approved to 1 refill.2. Naproxen 550mg #90, date of request 9/24/14, was denied.3. Neurontin 600mg #60 date of request 9/24/14: approved.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 150mg #60 x2, date of request 9/24/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 78, 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tramadol

Decision rationale: According to the CA MTUS Guidelines, Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic, it is indicated for moderate to severe pain. The CA MTUS Guidelines indicate "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 medical records have adequately demonstrated the requirements for continued opioid therapy have been met. Therefore, the request for Tramadol 150mg ER #60 x2 is medically necessary.

Naproxen 550mg #90, date of request 9/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drug (NSAID); Naproxen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-74.

Decision rationale: According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief. Also Per MTUS-Chronic Pain Medication Treatment Guidelines, there is inconsistent evidence for the use of these medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. In review of the medical records, there is documented efficacy with over the counter ibuprofen and since over the counter medications should be first line therapy, naproxen 550mg is not indicated at this time.

Cyclobenzaprine 7.5mg #90 date of request 9/24/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) - for Chronic Pain Page(s): 41, 61.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41, 64-65.

Decision rationale: Per CA MTUS guidelines, antispasmodics are used to decrease muscle spasms. Cyclobenzaprine (Fexmid) is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. Cyclobenzaprine is recommended as an option, using a short course. Chronic use of muscle relaxants is not recommended by the guidelines. Therefore, the request for Cyclobenzaprine is not considered medically necessary.

Neurontin 600mg #60 date of request 9/24/14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin); Anti-epilepsy Drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 16-18.

Decision rationale: According to the guidelines, an anti-epilepsy drug (AED), such as Gabapentin (Neurontin) is recommended for neuropathic pain. Gabapentin has been considered as a first-line treatment for neuropathic pain. In this case, there is documented efficacy on Neurontin. Therefore, the medical necessity of Neurontin has been established under the guidelines and based on the available information.

Xanax .5mg #60 date of request 9/24/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain(Chronic), Benzodiazepines

Decision rationale: Alprazolam (Xanax) is a short acting Benzodiazepine. According to the guidelines, Benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety. Furthermore, if a diagnosis of an anxiety disorder exists, a more appropriate treatment would be an antidepressant. Per guidelines, long-term use of Benzodiazepines is not recommended. In this case, there is documentation of significant improvement in function with its use. The medical records do not provide a clinical rationale that establishes the medical necessity for Xanax; therefore, this request is not medically necessary.