

Case Number:	CM14-0172106		
Date Assigned:	10/23/2014	Date of Injury:	06/28/2005
Decision Date:	11/21/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/17/2014

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 Physical Medicine and Rehabilitation 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:

This 53 year-old patient sustained an injury on 6/28/05 while employed by [REDACTED]. Request(s) under consideration include Cyclobenzaprine with Tramadol cream, 30 grams, Cyclobenzaprine with Tramadol cream, 120 grams, and Urine analysis (UDS). Diagnoses included lumbar spondylosis. Report of 9/15/14 from the provider noted the patient had returned to work with restrictions from left hand surgery on 7/17/14. The patient had continued chronic low back pain with activities of prolonged positions, lifting, stooping and bending associated with numbness, tingling, and radiating pain to the left lower extremity. Pain was rated at 9/10 limiting ALDs to 10% of normal level with medications helping to reduce symptoms by 35%. Exam showed limited lumbar range with flexion lacking 30" from floor and extension of 20 degrees; tenderness to palpation of paravertebral musculature with spasm; diffuse decreased sensation in left leg (no dermatome identified); positive SLR (no degree or position specified) with pain down left thigh. UDS dated 3/3/14 showed detected result for Carisoprodol; however, noted negative finding for Tramadol. The patient continued with permanent restrictions (unclear if working). The request(s) for Cyclobenzaprine with Tramadol cream, 30 grams, Cyclobenzaprine with Tramadol cream, 120 grams, and Urine analysis (UDS) were non-certified on 10/3/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine with tramadol cream, 30 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Opioids Page(s): 111-113, 74-96.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and opioid over oral formulation for this chronic injury of 2005 without documented functional improvement from treatment already rendered since at least 2012. Guidelines do not recommend long-term use of this muscle relaxant and opioid for this chronic injury without improved functional outcomes attributable to their use. Therefore, the Cyclobenzaprine with Tramadol cream, 30 grams is not medically necessary and appropriate.

Cyclobenzaprine with tramadol cream, 120 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Opioids Page(s): 111-113, 74-96.

Decision rationale: Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic to include a compounded muscle relaxant and opioid over oral formulation for this chronic injury of 2005 without documented functional improvement from treatment already rendered since at least 2012. Additionally, UDS dated 3/3/14 showed detected result for Carisoprodol; however, noted negative finding for Tramadol without any change in treatment regimen. Guidelines do not recommend long-term use of this muscle relaxant and opioid for this chronic injury without improved functional outcomes attributable to their use. Therefore, the request for Cyclobenzaprine with Tramadol cream, 120 grams is not medically necessary and appropriate.

Urine analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: Per MTUS Guidelines, urine drug screening is recommended as an option before a therapeutic trial of opioids and for on-going management to differentiate issues of abuse, addiction, misuse, or poor pain control; none of which apply to this patient who has been prescribed long-term opioid this chronic 2005 injury. Presented medical reports from the provider have unchanged chronic severe pain symptoms with unchanged clinical findings of restricted range and tenderness without acute new deficits or red-flag condition changes. Treatment plan remains unchanged with continued medication refills without change in dosing or prescription for chronic pain. There is no report of aberrant behaviors, illicit drug use, and report of acute injury or change in clinical findings or risk factors to support frequent UDS. Additionally, UDS dated 3/3/14 showed detected result for Carisoprodol; however, noted negative finding for Tramadol without any change in treatment regimen. Therefore, the request for Urine analysis (UDS) is not medically necessary and appropriate.