MAXIMUS Federal Services

Case Number:	CM14-0179907		
Date Assigned:	11/04/2014	Date of Injury:	08/09/2004
Decision Date:	12/09/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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 and environmental medicine, has a subspecialty in public health and is licensed to practice in West Virginia and Ohio. 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 individual is a 60 year old male who sustained an industrially related injury on august 9, 2004 involving his lower back and neck. He has ongoing complaints of recurrent low back pain (6-7/10) with radicular symptoms into his right lower extremity, cervical pain (6-7/10) and stiffness with radicular symptoms to his bilateral upper extremities. His history notes he is post C4-7 cervical fusion (2007), post epidural steroid injections times 3 to his low back (2009) and post L3-S1 lumbar fusion (2010). The most recent physical examination in the available record, 8/24/14, notes an antalgic, assisted (cane) gait. Mild tenderness in the cervical and lumbar regions, normal strength in all extremities, decreased deep tendon reflexes in the right lower extremity and decreased sensation in bilateral lower extremities. There is also noted to be positive straight leg raising test bilaterally but only when in the supine position. The records mention initial treatment following his injury in 2004 to include ibuprofen and Skelaxin. This was expanded two weeks later to Celebrex and tramadol. Within the year following injury physical therapy and home exercise were underway pending surgery. Postoperatively (2011) PT was reinitiated and opioids were prescribed for pain. Lyrica was later prescribed for persistent neuropathic pain. He was subsequently discharged from PT with improved symptoms. This request is for Norco 10/325 and Tramadol 100 mg for pain and Skelaxin 800mg for muscle spasm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco10/325mg, #100: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks. There is no information in the available record detailing when Norco was started, there is a note detailing opioid use as far back as 2011. The request also does not note the dosing schedule for this medication but 100 tabs likely exceeds a 2 week supply.MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. As such, the request for Norco 325/10mg # 100 is deemed not medically necessary.

Ultram 50mg, #100 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (UltramÃ®)

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/ acetaminophen."The treating physician did not provide sufficient documentation of "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts (MTUS)." Additionally, no documentation was

provided which discussed the setting of goals for the use of tramadol prior to the initiation of this medication As such, the request for tramadol 50 mg #100 is deemed not medically necessary.

Sketaxin 800mg, #100 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics Page(s): 64-66.

Decision rationale: Metaxalone, marketed under the brand name Skelaxin, is a muscle relaxant that is reported to be relatively non-sedating.Per MTUS; Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." MTUS recommends non-sedating muscle relaxants "with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. (Chou, 2007) (Mens, 2005) (Van Tulder, 1998) (van Tulder, 2003) (van Tulder, 2006) (Schnitzer, 2004) (See, 2008) MTUS states regarding Skelaxin (metaxalone)" The medical records indicate use of skelaxin as far back as 2004 and given the amount being requested (maximum recommended dose being four times per day) this is at least a 75 day supply of medication. While MTUS does not define "short term" in this context it, is not reasonable to consider this individual a short term user of this medication. As such the requested Skelaxin 800mg #90 is deemed not medically necessary.