

Case Number:	CM14-0180290		
Date Assigned:	11/04/2014	Date of Injury:	04/05/2003
Decision Date:	12/10/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/30/2014

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 Internal 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 patient is an injured worker with a medical history of neck pain, elbow pain, ulnar nerve injury, peripheral neuropathy, cervical radiculopathy, carpal tunnel release surgery, and ulnar transposition surgery. Date of injury was 04-05-2003. The progress report dated 8/19/14 documented subjective complaints of neck symptoms with numbness, tingling, weakness in the upper extremities. Pain is rated at 5 out of 10. Medications included Norco 10/325 mg, Flexeril, Ultram, and Gabapentin. Medical history included neck pain, elbow pain, carpal tunnel release surgery and ulnar transposition surgery. Objective findings were documented The patient was pleasant, in no acute distress. Elbow examination demonstrated tenderness and limited range of motion. Cervical spine demonstrated tenderness and limited range of motion. Diagnoses were ulnar nerve injury, peripheral neuropathy, neck pain, cervical radiculopathy. Treatment plan included Ultram, Flexeril, Gabapentin, and Oxycodone. Utilization review determination date was 10/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram 50mg #180 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48; 181-183; 271-273; 40-46, Chronic Pain Treatment Guidelines Opioids; Tramadol (Ultram) Page(s): 74-96; 93-94, 113, 123.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address Ultram (Tramadol). Ultram is a centrally acting synthetic opioid analgesic. MTUS Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and upper extremity conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. The request for Ultram 50 mg #180 with 2 refills was dated 10/10/14. The latest available progress report submitted for review was dated 8/19/14. Without current progress reports documenting subjective complaints and objective findings, the prescription for Ultram is not supported. Therefore, the request for Ultram 50mg #180 with 2 refills is not medically necessary.

Flexeril 10mg #30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, 49, Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril); Muscle relaxants Page(s): 41-42; 63-66. Decision based on Non-MTUS Citation FDA Prescribing Information Flexeril Cyclobenzaprine <http://www.drugs.com/pro/flexeril.html>

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses muscle relaxants. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that muscle relaxants seem no more effective than NSAIDs for treating patients with musculoskeletal problems, and using them in combination with NSAIDs has no demonstrated benefit. Muscle relaxants may hinder return to function by reducing the patient's motivation or ability to increase activity. Table 3-1 states that muscle relaxants are not recommended. Chronic Pain Medical Treatment Guidelines addresses muscle relaxants. Muscle relaxants should be used with caution as a second-line option for short-term treatment. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. According to a review in American Family Physician, muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Chronic Pain Medical Treatment Guidelines state that Cyclobenzaprine (Flexeril) is an option for a short course of

therapy. Treatment should be brief. The addition of Cyclobenzaprine to other agents is not recommended. FDA guidelines state that Cyclobenzaprine is indicated for acute musculoskeletal conditions. Cyclobenzaprine should be used only for short periods (up to two or three weeks) because adequate evidence of effectiveness for more prolonged use is not available. Medical records document that the patient's occupational injuries are chronic. MTUS, ACOEM, and FDA guidelines do not support the use of Cyclobenzaprine (Flexeril) for chronic conditions. Medical records indicate the long-term use of Flexeril, which is not supported by MTUS and FDA guidelines. The use of Flexeril is not supported by MTUS, ACOEM, and FDA guidelines. Therefore, the request for Flexeril 10mg #30 with 2 refills is not medically necessary.

Gabapentin 600mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin) Page(s): 18-19.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that Gabapentin (Neurontin) is considered as a first-line treatment for neuropathic pain. Gabapentin should not be abruptly discontinued. Medical records documented neuropathic pain. Medical records documented a medical history of neck pain, elbow pain, ulnar nerve injury, peripheral neuropathy, cervical radiculopathy, carpal tunnel release surgery, and ulnar transposition surgery. The medical records document the long-term use of Gabapentin. The medical records and MTUS guidelines support the medical necessity of the continuation of Gabapentin. Therefore, the request for Gabapentin 600mg #60 with 2 refills is medically necessary.

Oxycodone 10mg #120 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 47-48; 181-183; 271-273;40-46,Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if

needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and upper extremity conditions. Medical records document the long-term use of opioids. ACOEM guidelines do not support the long-term use of opioids. The request for Oxycodone 10 mg #120 was dated 10/10/14. The latest available progress report submitted for review was dated 8/19/14. Without current progress reports documenting subjective complaints and objective findings, the prescription for Oxycodone, which is a DEA Schedule II medication, is not supported. Therefore, the request for Oxycodone 10mg #120 with no refills is not medically necessary.