

Case Number:	CM14-0023634		
Date Assigned:	05/12/2014	Date of Injury:	07/15/2011
Decision Date:	07/10/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/24/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas 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:

The injured worker is a 39-year-old male who reported an injury on 07/15/2011. His diagnoses were noted to include disc herniation, L4-5 and L5-S1, with radiculopathy and neurological deficits, and status post anterior lumbar discectomy and fusion dated 07/23/2013. His previous treatments were noted to be medications, home exercises, and surgery. Progress note dated 01/22/2014 reported the injured worker complained of pain rated 8/10 and that he had been doing a home exercise program. The medications were noted to include Naproxen 550 mg #90, Fexmid 7.5 mg #60, Ultram 150 mg #60, and Methoderm ointment. The Request for Authorization Form dated 01/23/2014 requested Naproxen Sodium 550 mg 1 tablet twice a day for inflammation; Cyclobenzaprine 7.5 mg 1 tablet 3 times daily, and Ultram 150 mg 1 once daily. However, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 7.5MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: The request for Cyclobenzaprine 7.5MG #60 is not medically necessary. The injured worker has been taking this medication since 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines state muscle relaxants may be effective in reducing pain and muscle tension and increasing mobility. However, in most low back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Guidelines also state efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The injured worker has been taking this medication for over 6 months, and there is a lack of documentation regarding efficacy of this medication, as well as documentation regarding muscle spasms to warrant the need for a muscle relaxant. The guidelines recommend short term use for this medication and that efficacy appears to diminish over time. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.

TRAMADOL HCL 150MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, on-going management Page(s): 78.

Decision rationale: The request for Tramadol Hcl 150mg #60 is not medically necessary. The injured worker has been taking this medication for over 6 months. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors, should be addressed. There is a lack of documentation of decreased pain with a numerical scale with the use of the medications, as well as improvement in functional status, such as activities of daily living. There is also a lack of documentation regarding adverse side effects. However, a drug screen was performed in 10/2013 that was consistent with prescription therapy. Therefore, due to a lack of documentation of significant pain relief, increased function, and absence of adverse effects, the ongoing use of opioid medications is not supported by the guidelines. Additionally, the request failed to provide the frequency at which the medication is to be utilized. Therefore, the request is not medically necessary.

NAPROXEN SODIUM 550MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 73.

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

Decision rationale: The request for Naproxen Sodium 550mg #90 is not medically necessary. The injured worker has been taking this medication since 10/2013. The California Chronic Pain Medical Treatment Guidelines recommend the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines also state acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. The guidelines also state there is no evidence to recommend 1 drug in this class over another based on efficacy and NSAIDs are recommended as a second line treatment after acetaminophen; however, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. There is a lack of documentation regarding the efficacy of this medication, as well as the guidelines recommend a short term period in the use of this medication. Additionally, the request failed to provide the frequency of which the medication is to be utilized. Therefore, the request is not medically necessary.