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| Case Number: | CM14-0026791 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 03/19/2006 |
| Decision Date: | 07/16/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 03/03/2014 |

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 Family Medicine, and is licensed to practice in Arizona. 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 a 33 year old male with a date of injury on 3/19/2006. Diagnoses include lumbar strain with radiculopathy. Subjective complaints are of constant back pain and right leg pain. Physical exam shows diminished sensation to light touch over left L5 and S1, and positive right straight leg raise. Lumbar MRI shows L4/5 disc protrusion. Electrodiagnostic studies of the lower extremities from 4/4/2014 were negative. Medications include Norco, Tramadol, Dolgic, and Fexmid. Submitted request is for an unknown quantity of Norco, Dolgic, Tramadol, and Fexmid.

IMR ISSUES, DECISIONS AND RATIONALES

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

FLEXMID (QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41, and 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: CA MTUS guidelines indicate that the use of Cyclobenzaprine should be used as a short term therapy, and the effects of treatment are modest and may cause adverse affects. This patient had been using Cyclobenzaprine chronically, which is longer than the

recommended course of therapy of 2-3 weeks. There is no evidence in the documentation that suggests the patient experienced improvement with the ongoing use of Cyclobenzaprine. Due to clear guidelines suggesting Cyclobenzaprine as short term therapy, and no clear benefit from adding this medication, the requested prescription for Cyclobenzaprine is not medically necessary.

ULTRAM (QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82 and 84.

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

Decision rationale: CA MTUS recognizes Tramadol as a synthetic opioid that affects the central nervous system and is not recommended as a first line analgesic. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation does not demonstrate increased functional ability with this medication. Furthermore, the quantity and frequency of use are not provided. Therefore, the medical necessity of Tramadol is not established.

DOLGIC PLUS (QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate-Containing Analgesic Agents Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic Agents Page(s): 23.

Decision rationale: CA MTUS does not recommend barbiturate-containing medicines for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy due to the barbiturate product. For this patient, submitted documentation does not present subjective complaints or rationale for the use of this product. Therefore, the medical necessity of Dolgic is not established. The request is not medically necessary and appropriate.

NORCO 5 (QUANTITY UNKNOWN): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

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

Decision rationale: CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation does not demonstrate increased functional ability with this medication. Furthermore, the quantity and frequency of use are not provided. Therefore, the medical necessity of Norco is not established. The request is not medically necessary and appropriate.