

Case Number:	CM14-0027711		
Date Assigned:	06/13/2014	Date of Injury:	04/12/2006
Decision Date:	07/16/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/04/2014

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, has a subspecialty in Emergency Medicine and is licensed to practice in Florida. 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 patient is a 58 year-old with a date of injury of 04/12/06. A progress report associated with the request for services, dated 01/28/14, identified subjective complaints of neck pain into both arms and low back pain into both legs. Objective findings included tenderness to palpation of the cervical and lumbar spines with decreased range-of-motion. There was decreased motor and sensory function in the extremities. Diagnoses included chronic pain and cervical and lumbar radiculopathy. Treatment has included NSAIDs, oral analgesics, and muscle relaxants. A Utilization Review determination was rendered on 02/14/14 recommending non-certification of "cyclobenzaprine 5 mg #30 with 2 refills; ibuprofen 600 mg #90 with 2 refills; and Tramadol HCl 50mg #120 with 2 refills".

IMR ISSUES, DECISIONS AND RATIONALES

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

CYCLOBENZAPRINE 5 MG #30 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine; Muscle Relaxants Page(s): 41-42; 63-66.

Decision rationale: Cyclobenzaprine is an antispasmodic muscle relaxant. The Medical Treatment Utilization Schedule (MTUS) states muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbation of low back pain. They note that in most low-back pain cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also, there is no additional benefit shown in combination of NSAIDs. Likewise, the efficacy diminishes over time. The MTUS states that cyclobenzaprine is indicated as a short course of therapy. Limited, mixed evidence does not allow a recommendation for cyclobenzaprine for chronic use. Though it is noted that cyclobenzaprine is more effective than placebo in the management of back pain; the effect is modest and comes at the price of greater adverse effects. They further state that treatment should be brief and that addition of cyclobenzaprine to other agents is not recommended. The Guidelines do note that cyclobenzaprine has been shown to produce a moderate benefit in the treatment of fibromyalgia. The record does not show any evidence of fibromyalgia, and other indications for cyclobenzaprine beyond a short course are not well supported. The patient has been on cyclobenzaprine for a prolonged period. It is being used in combination with an NSAID. Likewise, it has not been prescribed in the setting of an acute exacerbation of symptoms. Therefore, based upon the Guidelines, the record does not document the further medical necessity for cyclobenzaprine.

IBUPROFEN 600 MG #90 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen; NSAIDs Page(s): 12; 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Nonprescription Medications.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory agent (NSAID). The Medical Treatment Utilization Schedule (MTUS) states that NSAIDs are recommended for use in osteoarthritis. It is noted that they are: "Recommended at the lowest dose for the shortest period in patients with moderate to severe pain." They further state that there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The Official Disability Guidelines (ODG) state that studies have found that NSAIDs have more side effects than acetaminophen or placebo, but less than muscle relaxants or narcotic analgesics. They further state that nonprescription medications such as acetaminophen and NSAIDs will provide sufficient pain relief for most acute and subacute disorders of the neck. Another study concluded that NSAIDs should be recommended as a treatment option after acetaminophen. There was a lack of documented functional benefit from the ibuprofen therapy. The recommendations for the use of NSAIDs for long-term therapy are mixed. In this case, the therapy is long-term and there is no documentation in the record of the benefit of the ongoing therapy. Therefore, there is no documentation for the medical necessity of ibuprofen.

TRAMADOL HCL 50MG #120 WITH 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 11, Chronic Pain Treatment Guidelines Tramadol; Opioids Page(s): 74-96; 113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids, specific drug list: Tramadol.

Decision rationale: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate 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. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines further specifically state that tramadol is not recommended as a first-line oral analgesic. The MTUS further states that opioids are not recommended for more than 2 weeks for neck and low back complaints. The patient has been on opioids in excess of 16 weeks. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy in view of the recommendations to avoid long-term therapy; likewise, that other first-line oral analgesics have been tried and failed. Therefore, the record does not document the medical necessity for tramadol.