MAXIMUS Federal Services

Case Number:	CM14-0035422		
Date Assigned:	06/23/2014	Date of Injury:	10/02/2009
Decision Date:	07/24/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/21/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 62-year-old female who reported an injury on 10/02/2009; the mechanism of injury was not provided within the medical records. The clinical note dated 02/05/2014 indicated that the injured worker reported pain in the knee and back rated 3-9/10. The injured worker reported some constipation with medications. She denied aberrant dosing and reported that medications increased her activity level. The injured worker reported her spasms were better. On physical examination, the physician noted that the injured worker had difficulty standing on her heels but was able to stand on her toes using a straight cane. The injured worker had general pain in the knee, and there was a change in sensation about the left ankle secondary to the surgery. The injured worker's prior treatments included diagnostic imaging, surgeries and medication management. The injured worker's medication regimen included Norco, Tramadol ER, Flexeril and Restoril. The provider submitted a request for Norco, Tramadol ER, Flexeril, Restoril and an enzyme analysis. The Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen (Norco Tablets) - 325;10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Hydrocodone/Acetaminophen (Norco Tablets) - 325; 10mg is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. The injured worker indicated that pain ranges between 3 and 9. The documentation submitted did not indicate if the pain ranges were with or without pain medication. In addition, the request does not indicate a frequency or quantity for the medication. Norco is indicated for short-term use. The injured worker has been prescribed this medication since at least 11/2013. This exceeds the guideline recommendations; therefore, the request for Norco 325/10 mg is not medically necessary.

Tramadol ER (Ultram Er Tablets) - 200mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol Page(s): 84.

Decision rationale: The request for Tramadol ER (Ultram Er Tablets) - 200mg is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. Although the injured worker reports no adverse effects from the present medications and denies aberrant dosing and reported increased functional activity, the injured worker reports her pain ranges between a 3 and a 9. The documentation submitted does not indicate whether that is with medications or without. In addition, the injured worker has been on Tramadol since at least 11/2013. This exceeds the guideline recommendations. Furthermore, the request did not indicate a frequency or quantity for the Tramadol ER. Therefore, the request is not medically necessary.

Flexeril (Cyclobenzaprine (Cyclobenzaprine Hydrochloride Tablets)- 5mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 64.

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

Decision rationale: The request for Flexeril (Cyclobenzaprine (Cyclobenzaprine Hydrochloride Tablets)- 5mg) is not medically necessary. The California MTUS guidelines recommend Cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Cyclobenzaprine is a

skeletal muscle relaxant and a central nervous system (CNS) depressant. Although the injured worker reports muscle spasms, Flexeril is recommended for a short course of therapy. The injured worker has been prescribed Flexeril since at least 02/05/2014. This exceeds the guideline recommendations. In addition, there is a lack of documentation of efficacy and functional improvement with the use of this medication. Furthermore, the request did not indicate a frequency or quantity for the Flexeril. Therefore, the request for Flexeril is not medically necessary.

Restoril 30 mg, orally (p.o.) at bedtime (h.s.) as needed (p.r.n.) insomnia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (updated 01/07/14) Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic pain, Benzodiazepines.

Decision rationale: The request for Restoril 30 mg, orally at bedtime as needed insomnia is not medically necessary. The Official Disability Guidelines (ODG) state Restoril is not recommended for long-term use because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to 4 weeks. Benzodiazepines are a major cause of overdose, particularly as they act synergistically with other drugs such as opioids (mixed overdoses are often a cause of fatalities). Adults who use hypnotics, including benzodiazepines such as temazepam (Restoril), have a greater than 3-fold increased risk for early death, according to results of a large matched cohort survival analysis. The risks associated with hypnotics outweigh any benefits of hypnotics, according to the authors. There was a lack of documentation of efficacy and functional improvement with the use of this medication. In addition, Restoril is indicated for short-term use. The injured worker has been prescribed this medication since at least 02/05/2014. This exceeds the guideline recommendations. Furthermore, there are additional, non-habit-forming alternatives that exist. Therefore, the request for Restoril 30 mg at bedtime is not medically necessary.

Enzyme Analysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation http://www.ncbi.nlm.nih.gov/pubmed/21585291.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Genetic testing for potential opioid abuse.

Decision rationale: The request for Enzyme Analysis is not medically necessary. The Official Disability Guidelines do not recommend enzyme analysis. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing for

this. Studies are inconsistent, with inadequate statistics and large phenotype range. Different studies use different criteria for definition of controls. More work is needed to verify the role of variants suggested to be associated with addiction and for clearer understanding of their role in different populations. While there appears to be a strong genetic component to addictive behavior, current research is experimental in terms of testing. Per the guidelines, more work is needed to verify the role of variance suggested to be associated with addiction. Therefore, the medical necessity of genetic testing is not supported, in the current clinical framework. As such, the request for an enzyme analysis is not medically necessary.