

Case Number:	CM14-0039350		
Date Assigned:	06/27/2014	Date of Injury:	10/14/2009
Decision Date:	11/18/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/03/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 a 47 year-old female with a 10/14/09 date of injury. According to the 2/26/14 occupational medicine report from [REDACTED], the patient presents with 6/10 neck and low back pain and has been diagnosed with cervical strain, thoracic strain, lumbar gluteal myositis and spasms. On 3/24/14, UR reviewed the 2/26/14 report, and modified the request for use of Oxycodone/APAP 10/325; Methadone 10mg; and denied Ibuprofen 800mg; Soma 350mg; Trazodone 50mg; and Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-sedating muscle relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available) Page(s): 64.

Decision rationale: This IMR is for the incomplete prescription of Cyclobenzaprine 7.5mg. The frequency, duration or total number of tablets was not disclosed. The efficacy of the medication was not discussed on the 2/26/14 report. According to the UR letter, the patient had been on this

medication since at least January 2014. MTUS guidelines for Cyclobenzaprine states it is not recommended for use over 3-weeks. The request does not appear to be in accordance with MTUS guidelines. Therefore, this request is not medically necessary.

Ibuprofen 800mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70-73.

Decision rationale: This IMR is for the incomplete prescription of Ibuprofen 800mg. This is an incomplete prescription without duration or frequency or total number of tablets. Without the duration and frequency, it cannot be compared to the recommended duration and frequency provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines. Therefore, this request is not medically necessary.

Soma 350mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29, 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma), Muscle relaxants (for pain) Page(s): 29, 63-66.

Decision rationale: This IMR is for the incomplete prescription of Soma 350mg. This is an incomplete prescription without duration or frequency or total number of tablets. MTUS states this medication is not recommended for use over 3-weeks. Without the duration and frequency, it cannot be compared to the recommended duration and frequency provided in MTUS. I cannot confirm that the incomplete prescription is in accordance with MTUS guidelines. Therefore, this request is not medically necessary.

Trazodone 50mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Mental Illness & Stress Chapter - Insomnia

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain, Pain Outcomes and Endpoints Page(s): 13-16, 8-9.

Decision rationale: This IMR is for the incomplete prescription of Trazodone 50 mg. Duration and frequency are not provided. The available medical reports do not appear to mention Trazodone, and none of the available reports show any efficacy from any of the medications provided. MTUS on page 9 states "All therapies are focused on the goal of functional restoration

rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement" MTUS page 8 states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Trazodone. MTUS does not recommend continuing treatment if there is not a satisfactory response. Therefore, this request is not medically necessary.

Methadone 10mg tabs 1/2 to 1 tab per day x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone, Criteria For Use Of Opioids Page(s): 93, 88, 89, 78.

Decision rationale: The patient presents with chronic lower back pain, buttock pain and cervicothoracic pain that is rated a 6/10. The current request is for Methadone 10mg tabs 1/2 to 1 tab per day x2. The treating physician reports reviewed are hand written and very difficult to decipher. The patient appears to have been prescribed Oxycodone-acetaminophen since at least 10/9/13. There are 8 reports provided for review and the treating physician has not documented the effects of the medications prescribed and has not provided any information regarding any functional improvements achieved with medication usage. MTUS page 93 recommends Methadone for the treatment of moderate to severe pain. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 78 also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The provider in this case has failed to document the patient's pain levels with and without medication and there is nothing to indicate that improved function is being measured on a numerical scale or validated instrument. MTUS requires much more documentation to show that this medication is efficacious in terms of pain and function. Given the lack of documentation, this request is not medically necessary. Slow weaning is recommended per MTUS.

Oxycodone/Acetaminophen 10-325mg tab 2-3 tablets daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone-Acetaminophen, Criteria for Use of Opioids Page(s): 92, 88, 89, 78.

Decision rationale: The patient presents with chronic lower back pain, buttock pain and cervicothoracic pain that is rated a 6/10. The current request is for Oxycodone-Acetaminophen 10-325mg tab 2-3 tablets daily. The treating physician reports reviewed are hand written and very difficult to decipher. The patient appears to have been prescribed Oxycodone-acetaminophen since at least 10/9/13. There are 8 reports provided for review and the treating physician has not documented the effects of the medications prescribed and has not provided any information regarding any functional improvements achieved with medication usage. MTUS page 92 recommends Oxycodone-acetaminophen for the treatment of pain. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS on page 78 also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The provider in this case has failed to document the patient's pain levels with and without medication and there is nothing to indicate that improved function is being measured on a numerical scale or validated instrument. MTUS requires much more documentation to show that this medication is efficacious in terms of pain and function. Given the lack of documentation, this request is not medically necessary. Slow weaning is recommended per MTUS.