

Case Number:	CM14-0041867		
Date Assigned:	06/30/2014	Date of Injury:	12/03/2009
Decision Date:	09/08/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/09/2014

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 Occupational Medicine 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 injured worker is a 61-year-old female with a 12/3/09 date of injury. She injured her lower back when she was cleaning a bathromm and bent over a tub to clean it. According to a progress report dated 1/31/14, the patient stated that none of her medications including Cyclobenzaprine and Tramadol had given her any pain relief. She stated that she had near chronic pain, constant low back pain in her right low back, radiating to her right lower extremity. The back pain was worse than the right lower extremity pain. However, the patient has still been working two to three days per week. Objective findings: tender lumbar spine, right greater than left; she can flex to 40 degrees and extend to -10 degrees, both cause pain; straight leg raising on the right is positive and on the left is negative at 90 degrees; somewhat antalgic gait. Diagnostic impression: discogenic low back pain with radiculopathy, status post benign brain tumor removal. Treatment to date includes medication management, activity modification, and TENS unit. A UR decision dated 3/11/14 modified the requests for Tramadol from 90 tablets to 45 tablets and Cyclobenzaprine from 30 tablets to 15 tablets for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to a progress note dated 1/30/14, the patient stated that Tramadol does not give her any pain relief and are not benefitting her. The provider stated that he is not providing refills due to lack of benefit from the medication. Guidelines do not support the continuous use of medication when there is a lack of functional improvement and significant pain relief. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Tramadol 50 mg #90 is not medically necessary.

Cyclobenzaprine 7.5 Milligrams #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41,64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 41-42.

Decision rationale: According to the California MTUS Chronic Pain Medical Treatment Guidelines, Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. According to a progress note dated 1/30/14, the patient stated that Cyclobenzaprine does not give her any pain relief and are not benefitting her. The provider stated that he is not providing refills due to lack of benefit from the medication. It is unclear why the provider is making this request since the medication is not benefitting her. In addition, the patient has been on Cyclobenzaprine since at least 12/10/13, if not earlier. Guidelines do not support the long-term use of muscle relaxants. Therefore, the request for Cyclobenzaprine 7.5 mg #30 is not medically necessary.

Sumatriptan 50 Milligrams #9: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.pdr.net/drug-summary/imitrix-tablets>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Sumatriptan).

Decision rationale: The FDA states that Sumatriptan tablets, USP are indicated for the acute treatment of migraine attacks with or without aura in adults. In this case, there is no documentation that the patient is suffering from headaches or migraines. It is unclear why the patient is taking this medication. Therefore, the request for Sumatriptan 50 mg #9 is not medically necessary.

TENS (Transcutaneous Electrical Nerve Stimulator) Patches X2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 114-116.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function and that other ongoing pain treatment should also be documented during the trial period including medication. According to the medical records, there was no documentation of significant functional improvement from the use of the patient's TENS unit. In addition, there was no documentation of how often she has been using the unit. Since the continuous use of TENS unit was not found to be medically necessary, this associated request cannot be substantiated. Therefore, the request for TENS (Transcutaneous Electrical Nerve Stimulator) Patches, quantity is not medically necessary.