

Case Number:	CM14-0057859		
Date Assigned:	07/09/2014	Date of Injury:	12/14/2009
Decision Date:	10/15/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/29/2014

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:

This is a case of a 40-year-old male who has submitted a claim for cervical strain, L5-S1 disc protrusion associated with an industrial injury date of 12/14/2009, 10/24/2011, and 02/19/2014 (new). Medical records from 2014 were reviewed. Latest progress report showed that the patient complained of aching, tension-type pain in the cervical spine. He has frequent headaches. He has stiffness in the cervical region which is aggravated when turning his head from side-to-side and tilting his head up and down. The pain is aggravated by keeping his head in a fixed position for prolonged period of time. He relates aching to sharp pain in the low back which radiates down the lower extremities, extending to his left leg. He has numbness and tingling in the feet. He has weakness in the lower extremities. He states that he feels he has re-aggravated the pain in his back from his previous injuries. He experiences increased pain with prolonged sitting, standing and walking. Upon physical examination of cervical spine, there is tenderness, spasm and guarding regarding the cervical paraspinals. There is a hypolordosis. Testing shows that he can flex 60 degrees and extend to 30 degrees. Rotation is 50 degrees to right and 50 degrees to the left. There is no sign of cervical instability. There is intact strength involving all upper extremity myotomes. There is no swelling or erythema. Upon physical examination of the lumbar spine, there is tenderness, spasm and guarding regarding the lumbar paraspinals. There is hypolordosis at rest. Motion cause pain. He can flex to 10 degrees and extended to 20 degrees. Bending is 10 degrees to right and 10 degrees to the left. His motion is limited by pain. There is no sign of lumbar instability. There is intact strength throughout all lower extremity myotomes. The patient can toe and heel walk with pain. Treatment to date has included physical therapy, home exercises, aerobic activities, and medications. Medications included naproxen, Neurontin, Norco and sleep medicine. Utilization review dated 04/04/14 modified the request for cyclobenzaprine 7.5 mg from #60 to #20 because CA MTUS and ODG state that muscle relaxants are weeks for acute

exacerbations of low back pain. Considering these findings, medical necessity of this medication is established for weaning purposes only. In the same UR, the request for Tramadol/APAP was also modified from #100 to #60 because of lack of documentation to warrant the need for ongoing analgesia for opioids. There is no documentation of measurable decrease in claimant's pain or an increase in claimant's ability to function. Partial certification is provided to allow an opportunity for submission of medication compliance guidelines including documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between provider and claimant and ongoing efficacy (measurable subjective and/or functional benefit with prior use.)

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the CA MTUS Chronic Pain Treatment Guidelines, cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Cyclobenzaprine is a skeletal muscle relaxant and a central nervous system depressant with similar effects to tricyclic antidepressants (e.g. amitriptyline). Cyclobenzaprine is more effective than placebo in the management of back pain, although the effect is modest and comes at the price of adverse effects. In this case, the only progress report available for review was from 03/13/2014. The initial date of cyclobenzaprine prescription is unknown due to limited records submitted. The patient complains of aching to sharp pain in the low back with radiates down to the lower extremities. There is tenderness, spasm, and guarding in the cervical and lumbar paraspinals. There is also hypolordosis. These may be indicative of muscle spasms. Muscle relaxants may be of use in this case. However, per utilization review, patient has been on cyclobenzaprine for prolonged duration of time. the CA MTUS Guidelines does not recommend prolonged use of cyclobenzaprine. There is no further discussion regarding the need to deviate from the guidelines. Therefore, the request for Cyclobenzaprine 7.5 mg #60 is not medically necessary.

Tramadol/APAP 37.5/325mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen; Opioids Page(s): 11-12; 78-80.

Decision rationale: Pages 11-12 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommended the use of acetaminophen for treatment of chronic pain & acute exacerbations of chronic pain. With new information questioning the use of NSAIDs, acetaminophen should be recommended on a case by-case basis weighing efficacy vs. side effect profile. Pages 78-80 of the CA MTUS Guidelines states that opioids appear to be efficacious for low back pain but limited for short-term pain relief, and longterm efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a timelimited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. There should be ongoing review and documentation of pain relief, functional status, appropriate medication 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. In this case, the only progress report available for review was from 03/13/2014. The initial date of tramadol/APAP prescription is unknown due to limited records submitted. The patient complains of aching to sharp pain in the low back that radiates down to the lower extremities, extending to his left leg. He has numbness and tingling in the feet. He has weakness in the lower extremities. He states that he has re-aggravated from his previous injuries. The pain is aggravated by bending, twisting, and turning. He is currently taking Naproxen, Neurontin, and Norco which are helping him for his pain. However, no objective findings of pain relief, overall functional benefit, or any aberrant behavior were documented. Also, no further discussion was documented to support the addition of another opioid or the need for ongoing opioids. Therefore, the request for Tramadol/APAP 37.5/325mg #100 is not medically necessary.