

Case Number:	CM14-0076897		
Date Assigned:	08/27/2014	Date of Injury:	10/18/2012
Decision Date:	10/03/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 60-year-old male with a 10/18/12 date of injury, and status post three right wrist surgeries, and four right knee surgeries, including status post right knee replacement 7/09. At the time (4/30/14) of request for authorization for Cyclobenzaprine Hydrochloride 7.5mg #120 and Tramadol Hydrochloride ER 150mg #90, there is documentation of subjective (constant lower back pain radiating to foot with numbness and stiffness) and objective (tenderness at cervical spine, traps, lumbar spine; decreased sensory in digits, weak grip, positive Tinel's and Phalen's, positive straight leg raise, decreased range of motion) findings, current diagnoses (cervicalgia, carpal tunnel syndrome, pain shoulder, internal derangement knee, plantar fasciitis, and lumbago), and treatment to date (chiropractic, acupuncture, physical therapy, and medications (including Tramadol hydrochloride and cyclobenzaprine hydrochloride since at least 2/14)). Regarding the requested cyclobenzaprine Hydrochloride 7.5mg #120, there is no documentation of an intention for short-term treatment and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine Hydrochloride use to date. Regarding the requested Tramadol Hydrochloride ER 150mg #90, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol Hydrochloride use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine Hydrochloride 7.5mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) and Antispasticity drugs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation, Pain Procedure Summary (updated 4/10/14), Non-sedating muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Page(s): 63-64. Decision based on Non-MTUS Citation Pain, Muscle relaxants (for pain) Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of diagnoses of cervicgia, carpal tunnel syndrome, pain shoulder, internal derangement knee, plantar fasciitis, and lumbago. However, there is no documentation of an acute exacerbation of chronic low back pain and that cyclobenzaprine hydrochloride is being used as a second line option. In addition, given medical records reflecting prescription for cyclobenzaprine hydrochloride since at least 2/14, there is no documentation of an intention for short-term treatment. In addition, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine Hydrochloride use to date. Therefore, based on guidelines and a review of the evidence, the request for Cyclobenzaprine Hydrochloride 7.5mg #120 is not medically necessary.

Tramadol Hydrochloride ER 150mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a

reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervicalgia, carpal tunnel syndrome, pain shoulder, internal derangement knee, plantar fasciitis, and lumbago. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, given medical records reflecting prescription for tramadol hydrochloride since at least 2/14, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Tramadol Hydrochloride use to date. Therefore, based on guidelines and a review of the evidence, the request for Tramadol Hydrochloride ER 150mg #90 is not medically necessary.