

Case Number:	CM14-0077959		
Date Assigned:	07/23/2014	Date of Injury:	10/29/2012
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
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 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 patient is a 38 year old male employee with date of injury of 10/29/2012. A review of the medical records indicated that the patient is undergoing treatment for disc herniation. Subjective complaints (4/16/2014) include pain in the lower back, numbness in the left leg and pain in the mid back (which began 5 to 6 months after the injury). Pain increases with bending, standing, and sitting. Objective findings include 20% loss of range of motion of the lumbar spine and lumbrosacral tenderness. Treatment has included 3 epidural steroid injections but has only had a short course of physical therapy and chiropractic care, medications (Meloxicam, Carisoprodol, and Naproxen). The dates and list of services were not in the medical records. The utilization review dated 5/15/2014 denied the following, Fexmid Cyclobenzaprine 7.5mg x60 1 tab x 3 times daily due to exceeding MTUS treatment timeline recommendation, Ultram Tramadol HCL ER 150mg x60 due to no documented failure of first line treatment, Menthoderm Ointment 120ml due to lack of documented failure of first line treatment, Complete UDS due to lack of indication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid Cyclobenzaprine 7.5mg x60 1 tab x 3 times daily: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, Medications for chronic pain Page(s): 64, 41-42 60-61. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) UpToDate, Flexeril.

Decision rationale: According to MTUS Guidelines, Cyclobenzaprine (Fexmid) 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. It has a central mechanism of action, but it is not effective in treating spasticity from cerebral palsy or spinal cord disease. Cyclobenzaprine is associated with a number needed to treat of 3 at 2 weeks for symptom improvement. The greatest effect appears to be in the first 4 days of treatment. The patient's injury occurred over two years ago, far exceeding the 4 day treatment window. Additionally, the medical documents do not indicate any special circumstances or extenuating details to continue this medication past the 4 day window. As such, the request for Fexmid Cyclobenzaprine 7.5mg x60 1 tab x 3 times daily is not medically necessary.

Ultram Tramadol HCL ER 150mg x60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tramadol (Ultram®).

Decision rationale: Ultram is the brand name version of Tramadol, which is classified as central acting synthetic opioids. The MTUS Guidelines indicate regarding Tramadol that A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals and the continued use of opioids should be contingent on meeting these goals. The treating physician provided no evidence of failed therapy with first line agents such as NSAIDs, as the patient is still using Naproxen. As such, the request for Tramadol ER 150mg #60 is not medically necessary.

Mentherm Ointment 120ml: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Guide Page(s): 111-113.

Decision rationale: The CA MTUS Guidelines on topical analgesics indicates that topical medications are largely experimental in use with few randomized controlled trials to determine efficacy or safety. These are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the medical records provided do not endorse failure of trials of oral adjuvant analgesics such as antidepressants or anticonvulsants. As such, the request for Mentherm Ointment 120ml is not medically necessary at this time.

Complete UDS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

Decision rationale: The MTUS Guidelines indicate that use of urine drug screening for illegal drugs should be considered before therapeutic trials of opioids are initiated and the use of drug screening or inpatient treatments with issues of abuse, addiction and poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion) would indicate need for urine drug screening. The Official Disability Guidelines further clarify frequency of urine drug screening such as, low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter, moderate risk for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results, high risk of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. As such, the current request for Complete UDS is not medically necessary.