

Case Number:	CM14-0138349		
Date Assigned:	09/05/2014	Date of Injury:	11/15/2010
Decision Date:	12/04/2015	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Montana

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 54 year old female cook, who sustained multiple industrial injuries, the last occurring on 11-15-2010. She has reported injury to the neck and low back. The diagnoses have included cervical musculoligamentous injury; cervical myofascitis; cervical radiculopathy; thoracic myofascitis; lumbar disc protrusion with annular tear, facet syndrome; lumbar myofascitis; and lumbar radiculopathy in need of spinal surgery. Treatment to date has included medications, diagnostics, activity modification, physical therapy, and home exercise program. Medications have included Norco, Tramadol, Flexeril, and Omeprazole. A progress report from the treating physician, dated 08-04-2014, documented a follow-up visit with the injured worker. The injured worker reported constant low back pain; and the pain radiates to the bilateral lower extremities with numbness and tingling. Objective findings included lumbar spine with positive sciatic notch tenderness; positive straight leg raise in the left lower extremity; decreased motor; decreased sensation; and awaiting authorization for spinal surgery. The treatment plan has included the request for Tramadol; Cyclobenzaprine; and Norco 10-325mg. The original utilization review, dated 08-15-2014, modified the request for Tramadol, to Tramadol x 1-month supply; modified the request for Cyclobenzaprine, to Cyclobenzaprine quantity: 20; and modified the request for Norco 10-325mg, to Norco 10-325mg x 1-month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: The MTUS notes that tramadol is a central acting opioid analgesic that may be used to treat chronic pain and neuropathic pain. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of tramadol requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Opioid use for chronic pain appears to be effective for short-term pain relief but long-term benefit is unclear. Tramadol specifically is found to have a small benefit (12% decrease in pain intensity baseline) for up to 3 months. No long-term studies allow for recommended use beyond 3 months. In this case, the medical records do not support use of tramadol within the MTUS guidelines noted above. There is no documented pain assessment, which should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment note of 8-4-14 states that tramadol was refilled. There are no records covering the interval from 8-4-14 to present. Current use of tramadol may exceed the 3 month recommendation as noted above. The records do not document side effects, aberrant pain behaviors, improved pain and specific functional improvement with prior use of tramadol. There is no documentation of a pain contract. The request does not specify the dose, number, or how to use the medication. The utilization review on 8-15-14 did modify the request allowing a 1 month supply. The request for tramadol is not consistent with the MTUS guidelines and is not medically necessary.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS notes that cyclobenzaprine (Flexeril) is an antispasmodic medication, recommended for a short course of therapy with the greatest benefit occurring within the first 4 days. Flexeril is not recommended to be used for longer than 2-3 weeks. The MTUS recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Cyclobenzaprine (Flexeril) 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. In this case, the medical records show that cyclobenzaprine was refilled on 8-4-14. The utilization review on 8-15-14 did authorize an additional 20 cyclobenzaprine doses. This appears to reflect long-term use of this medication, which is recommended for short-term use only. The records do not describe specific functional improvement with current or prior use of cyclobenzaprine. The request does not specify the dose, number, or how to use the medication. There are no records covering the interval from 8-4-14 to present. The continued use of cyclobenzaprine is not consistent with the MTUS guidelines, which recommend only short-term use. The request for cyclobenzaprine is not medically necessary.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, pain treatment agreement, Opioids, specific drug list.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of

hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the 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 medical records do not support use of Norco within the MTUS guidelines noted above. There is no documented pain assessment, which should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment note of 8-4-14 states that Norco was refilled. The duration of current use of Norco is unclear as there are no records covering the interval from 8-4-14 to present. The records do not document side effects, aberrant drug behaviors, improved pain and specific functional improvement with prior use of Norco. There is no documentation of a pain contract. The request does not specify the number, or how to use the medication. The utilization review on 8-15-14 did modify the request allowing a 1 month supply. The request for Norco 10/325 is not consistent with the MTUS guidelines and is not medically necessary.