

Case Number:	CM14-0175186		
Date Assigned:	10/28/2014	Date of Injury:	04/03/2005
Decision Date:	12/23/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/23/2014

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: New York
Certification(s)/Specialty: Internal 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 50-year-old male, who sustained an industrial injury on 4-3-2005. The medical records indicate that the injured worker is undergoing treatment for status post lumbar fusion, lumbar discogenic disease, chronic low back pain, status post cervical fusion, cervical discogenic disease, chronic cervical spine sprain-strain, bilateral inguinal pain, bilateral shoulder impingement syndrome, and bilateral shoulder tendinosis. According to the progress report dated 9-3-2015, the injured worker presented with complaints of pain in the neck, low back, and bilateral shoulders. The level of pain is not rated. He notes that his neck and low back are stable at this time. The treating physician states, "He has not been taking his medication because he would like to try to change his medication to Tramadol and Flexeril, instead of Soma and Norco". The physical examination of the lumbar spine reveals painful and reduced range of motion, spasms, and positive straight leg raise test bilaterally. Examination of the cervical spine reveals tenderness to palpation over the occipital junction and across the cervical trapezius ridge, bilateral trapezius tightness, and increased right upper extremity (C6) pain. The medications prescribed are Ultracet, Flexeril, Neurontin (since at least 5-6-2015), and Fioricet. Previous diagnostic studies were not specified. Treatments to date include medication management, home exercise program, Toradol injection, and surgical intervention. Work status is described as temporary total disability. The original utilization review (10-21-2014) had non-certified a request for Ultracet, Flexeril, Neurontin, and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultracet 37.5/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The medication requested for this patient is Ultracet (Tramadol plus Acetaminophen). According to the California MTUS, Tramadol is a synthetic opioid, which affects the central nervous system and is indicated for the treatment of moderate to severe pain. The treatment of chronic pain, with any opioid, requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the medical documentation, there has been no indication of the medication's pain relief effectiveness and no clear documentation that the patient has responded to ongoing opioid therapy. Medical necessity for the requested medication has not been established. The requested treatment Ultracet is not medically necessary.

Flexeril 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter --Muscle relaxants.

Decision rationale: According to the reviewed literature, Cyclobenzaprine (Flexeril) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. In addition, this medication is not recommended to be used for longer than 2-3 weeks. According to CA MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, the available records are not clear if this injured worker has any functional improvement from prior Cyclobenzaprine use. Based on the currently available information and per review of guidelines, the medical necessity for this muscle relaxant medication has not been established. The requested treatment is not medically necessary.

Neurontin 600mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--Gabapentin (Neurontin).

Decision rationale: According to the CA MTUS (2009) and ODG, Neurontin (Gabapentin) is an anti-epilepsy drug, which has been shown to be effective for treatment of diabetic painful neuropathy and post-herpetic neuralgia, and has been considered as a first-line treatment for neuropathic pain. The records documented that this injured worker has chronic pain. Records are not clear, how long injured worker has been on Neurontin and if previous use of this medication, has been effective in maintaining any measurable objective evidence of functional improvement. Without such information, the requested treatment: Gabapentin 600mg #120 is not medically necessary.

Fioricet 50/325mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter--- Barbiturate-containing analgesics agent (BCA).

Decision rationale: MTUS Guidelines were silent. Per ODG Barbiturate-containing analgesics agent (BCA) are not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to barbiturate constituents. Fioricet is commonly used for acute headaches, with some data to support it, but there is risks of medication overuse as well as rebound headache. Records are not clear how long injured worker has been on Fioricet and if previous use of this medication, has been effective in maintaining any measurable objective evidence of functional improvement. Without such information, the requested treatment: Fioricet 50/325mg #60 is not medically necessary.