

Case Number:	CM14-0184974		
Date Assigned:	11/12/2014	Date of Injury:	06/30/2011
Decision Date:	01/09/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/06/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 35 year old with an injury date on 6/30/11. Patient complains of worsening lower lumbar pain per 6/19/14 report. Patient also has worsening left lower extremity radicular symptoms per 6/19/14 report. Based on the 6/19/14 progress report provided by the treating physician, the diagnoses are: 1. chronic lower back pain, 2. degenerative joint disease in the L-spine, 3. multiple disc protrusions, 4. left sided radiculopathy on left lower extremity, 5. muscle guarding, 6. Spasm. Exam on 6/19/14 showed "straight leg raise positive on the left side, negative on right. L-spine range of motion limited, with extension at 15 degrees." Patient's treatment history includes only medication. The treating physician is requesting cyclobenzaprine 7.5mg #60, and Fenoprofen 400mg #90. The utilization review determination being challenged is dated 10/16/14 and denies Fenoprofen as patient has been approved for Fenoprofen in the past. The requesting physician provided a single treatment report from 6/19/14.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain Page(s): 63-64.

Decision rationale: This patient presents with lower back pain. The treater has asked for CYCLOBENZAPRINE 7.5MG #60 but the requesting progress report is not included in the provided documentation. Regarding muscle relaxants for pain, MTUS recommends with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no documentation of an exacerbation. The patient is suffering from chronic low back pain and the treater does not indicate that this medication is to be used for short-term. MTUS only supports 2-3 days use of muscle relaxants if it is to be used for an exacerbation. Recommendation is for denial.

Fenoprofen 400mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Medication for chronic pain, Anti-inflammatory m.

Decision rationale: This patient presents with lower back pain. The treater has asked for FENOPROFEN 400MG #90 but the requesting progress report is not included in the provided documentation. Per utilization review letter dated 10/16/14, patient has been authorized for fenoprofen in the past. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient presents with chronic lower back pain that is worsening, and a trial of the requested Fenoprofen appears reasonable. However there is documentation the patient has taken Fenoprofen in the past. Regarding medications for chronic pain, MTUS pg. 60 require a recording of pain and function. As patient has taken Fenoprofen before with no documented effectiveness, recommendation is for denial.

Tramadol 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88, 89, 78.

Decision rationale: According to the 06/19/14 report, the patient presents with worsening lower lumbar pain and left lower extremity radicular symptoms. The request is for TRAMADOL 150 MG #60. The report with the request was not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well

as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater fails to provide any pain scales. There were no examples of ADLs which demonstrate medication efficacy nor are there any discussions provided on adverse behavior/side effects. There were no opiate management issues discussed such CURES reports, pain contracts, etc. No outcome measures are provided either as required by MTUS. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS for continued opioid use. The request is not medically necessary.