

Case Number:	CM14-0190233		
Date Assigned:	11/21/2014	Date of Injury:	03/20/2013
Decision Date:	01/30/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/14/2014

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 Rehab, has a subspecialty in Pain 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 is a patient with a date of injury of March 20, 2013. A utilization review determination dated November 4, 2014 recommends noncertification of cyclobenzaprine and Ultracet. A progress report dated August 26, 2014 identifies subjective complaints of low back pain. The patient reports a 35% decrease in pain as a result of the current regimen using Ultracet. The note recommends adding a muscle relaxant for spasm. The patient started physical therapy 2 weeks ago. Medications include cyclobenzaprine, Ultracet, and Etodolac. Physical examination findings are normal. Diagnoses include spasm, lumbar sprain, lumbar degenerative disc disease, thoracic back sprain, backache, lumbar intervertebral disc disorder, and lumbar radiculitis. The treatment plan recommends Ultracet and adding a muscle relaxant. A progress report dated September 26, 2014 indicates that the patient has continuing symptoms of spasm in the low back the note states that the patient has been taking Flexeril with 60% decrease in pain and spasm. 35% decrease in pain is attributed to Ultracet. The patient's pain score is rated 5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 10mg #60 x 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine (Flexeril), Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Finally, a three-month prescription of this medication is not consistent with the short course of therapy recommended by guidelines. In the absence of clarity regarding those issues, the currently requested cyclobenzaprine (Flexeril) is not medically necessary.

Ultracet 37.5/325mg #60 x 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultracet (tramadol/acetaminophen), California Pain Medical Treatment Guidelines state that Ultracet is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of functional improvement), no discussion regarding aberrant use, and no documentation of an opiate agreement or UDS. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultracet (tramadol/acetaminophen) is not medically necessary.