

Case Number:	CM14-0194474		
Date Assigned:	12/02/2014	Date of Injury:	07/26/2014
Decision Date:	01/14/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/20/2014

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 & 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 24-year-old male with injury date of 07/26/14. Based on the 09/08/14 progress report, the patient complains of back pain rated 7/10. Pain is exacerbated by bending and lifting, and decreased with rest. Patient continued to work even after his injury. Physical examination to the lumbar spine on 09/08/14 and 09/29/14 revealed tenderness of palpation to the left paravertebral muscles, and decreased range of motion. No spasm to thoracolumbar spine. Examination also revealed decreased bilateral patellar and Achilles deep tendon reflexes and positive straight leg raising test. Tramadol has been prescribed at least from 09/08/14 progress report. Diagnosis as of 09/29/14 includes sprain/strain lumbar and sciatica. The utilization review determination being challenged is dated 10/20/14. The rationale follows Tramadol 50mg: "recommend certification of the request for short-term use...recommend every 6 hours and 30 pills with no refills and Cyclobenzaprine 7.5mg: "...recommend certification of the request for short-term use recommends every 8 hours and 30 pills with no refills." Fluriflex 180gm: "Fluriflex cream is noted to contain Flurbiprofen & Cyclobenzaprine. Muscle relaxers such as Cyclobenzaprine specifically are recommended against in topical form." Treatment reports were provided from 09/08/14 to 10/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG Pain (updated 10/06/14)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 88-89; 76-78.

Decision rationale: Patient presents with back pain rated 7/10. Patient's diagnosis dated 09/29/14 included lumbar sprain/strain and sciatica. Tramadol has been refilled at least from 09/08/14 progress report. No available urine drug screening test per review of reports. 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 4As (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 physician has not documented how Tramadol significantly improves his activities of daily living. The four A's are not specifically addressed including discussions regarding aberrant drug behavior and adverse effects, etc. Given the lack of documentation as required by MTUS, the request is not medically necessary. In this case, treater has not documented how Tramadol significantly improves his activities of daily living. The four A's are not specifically addressed including discussions regarding aberrant drug behavior and adverse effects, etc. Given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Cyclobenzaprine 7.5mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 10/06/14) Topical Analgesics

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

Decision rationale: Patient presents with back pain rated 7/10. Patient's diagnosis dated 09/29/14 included lumbar sprain/strain and sciatica. MTUS page 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The most commonly prescribed antispasmodic agents are Carisoprodol, Cyclobenzaprine, Metaxalone, and Methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." The physician has not provided reason for the request. It appears the physician is planning to initiate this muscle relaxant, as there is no documentation regarding this medication in review of medical records. A short-course of two to three weeks would be indicated by guidelines but the physician has not specified quantity nor planned duration of use. Based on MTUS, muscle relaxants are to be used with caution as second-line option in acute exacerbations in patients with chronic LBP for short-term

only. Given the lack of documentation that this medication is to be used for a short-term, the request is not medically necessary.

Fluriflex 180gm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Pain (updated 10/06/14)

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

Decision rationale: Patient presents with back pain rated 7/10. Patient's diagnosis dated 09/29/14 included lumbar sprain/strain and sciatica. No record of this medication per review of reports. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." Fluriflex cream is a combination of Flurbiprofen 15% and Cyclobenzaprine 10%. Review of reports provided do not show documentation that patient presents with osteoarthritis, for which NSAID cream would be indicated for short duration of 2 weeks. Also, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains muscle relaxant Cyclobenzaprine, which is not supported for topical use by guidelines. The requested Fluriflex cream is not medically necessary.