

Case Number:	CM14-0199051		
Date Assigned:	12/09/2014	Date of Injury:	09/27/2003
Decision Date:	01/27/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/26/2014

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. The expert reviewer is Board Certified in Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 43 year old patient with date of injury of 09/27/2003. Medical records indicate the patient is undergoing treatment for chronic cervical musculoligamentous sprain/strain with 3mm herniation, lumbar disc annular tear, anterior cervical fusion decompression of the cervical spine, left shoulder posterior labral tear, left shoulder subacromial impingement and rotator cuff tendinitis, bilateral chondromalacia patella, status post fall injury to right shoulder with medial meniscal repair, L4-L5 and L5-S1 annular tears with 2-3mm disc protrusions, gastropathy secondary to medication intake. Subjective complaints include low back pain described as frequent and rated 6/10; left shoulder pain described as frequent and rated 5/10 and bilateral knee pain described as frequent and rated 6/10. Objective findings include decreased cervical spine range of motion, tenderness over the trapezius and paravertebral muscles equally, shoulder decompression and Spurling's test positive bilaterally and muscle strength decreased at C5, C6, C7 and C8 nerve roots. Patient's sensation is decreased bilaterally at C5 nerve root; Kemp's test positive bilaterally, muscle strength decreased at L4, L5 and S1 nerve roots bilaterally, sensation decreased at L5 and S1 nerve distribution on the right and only at L5 on the left. Patient's range of motion: decreased left shoulder range of motion - flexion 45 degrees, extension, abduction and internal rotation 20, external rotation 30, tenderness over acromioclavicular joint, positive empty can test and decreased strength with flexion and abduction. MRI of cervical spine dated 09/01/2010 revealed previous spinal surgery with anterior plate screw apparatus, C3-C4 2mm disc protrusion and C4-C5 2mm disc protrusion. Treatment has consisted of ice and heat therapy, joint injections, Motrin, Flexeril, Norco, Ambien The utilization review determination was rendered on 11/11/2014 recommending non-certification of 1 Medication: Flexeril 10mg #60, 1 Medication: Anexsia 7.5/325mg #180, 1 Medication: Ultram 50mg #60 and 1 Medication:

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Medication: Flexeril 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine, Medications for chronic pain, Antispasmodics. Page(s): 41-42, 60-61, 64-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Cyclobenzaprine (Flexeril®). Other Medical Treatment Guideline or Medical Evidence: UpToDate, Flexeril.

Decision rationale: MTUS Chronic Pain Medical Treatment states for Cyclobenzaprine, "Recommended as an option, using a short course of therapy. . . The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001) Treatment should be brief." The medical documents indicate that patient is far in excess of the initial treatment window and period. Additionally, MTUS outlines that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity. Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of antidepressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005)" Uptodate "flexeril" also recommends "Do not use longer than 2-3 weeks". Medical documents do not fully detail the components outlined in the guidelines above and do not establish the need for long term/chronic usage of cyclobenzaprine. ODG states regarding cyclobenzaprine, "Recommended as an option, using a short course of therapy . . . The addition of cyclobenzaprine to other agents is not recommended." Other pain medications are being requested, along with cyclobenzaprine, which ODG recommends against. As such, the request for Medication: Flexeril 10mg #60 is not medically necessary.

1 Medication: Anexsia 7.5/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic)

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." Medical documents indicate that the patient has been on opioid medication since at least 2012, in excess of the recommended 2-week limit. As such, the question for Anexsia 7.5/325mg #180 is not medically necessary.

1 Medication: Ultram 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol, Ultram. Page(s): 74-96, 113, 123. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) - Medications for acute pain (analgesics), Tramadol (Ultram®).

Decision rationale: Ultram is the brand name version of tramadol, which is classified as central acting synthetic opioids. MTUS states regarding tramadol that "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." ODG further states, "Tramadol is not recommended as a first-line oral analgesic because of its inferior efficacy to a combination of Hydrocodone/acetaminophen." The treating physician did not provide sufficient documentation that the patient has failed a trial of non-opioid analgesics at the time of prescription or in subsequent medical notes. Additionally, no documentation was provided which discussed the setting of goals for the use of Tramadol prior to the initiation of this medication. The original utilization review recommended weaning and modified the request, which is appropriate. As such, the request for 1 Medication: Ultram 50mg #60 is not medically necessary.

1 Medication: Ambien 5mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Zolpidem, insomnia treatment.

Decision rationale: The CA MTUS silent regarding this topic. ODG states that zolpidem is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term

treatment of insomnia. In this case, the patient has been taking this medication as early as July 2013. There has been no discussion of the patient's sleep hygiene or the need for variance from the guidelines, such as "a) Wake at the same time everyday; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. ODG additionally states "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Guidelines recommend usage of short-acting nonbenzodiazepine hypnotics for short-term use for treatment of insomnia. These medications may be habit forming and impair memory and function greater than opioid analgesics. Medical documents provided do not detail these components. As such, the request for 1 Medication: Ambien 5mg #30 is not medically necessary at this time.