

Case Number:	CM14-0199418		
Date Assigned:	12/09/2014	Date of Injury:	11/20/2003
Decision Date:	01/23/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/30/2014

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 Internal 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:

The injured worker (IW) is a 72-year-old woman with a date of injury of November 20, 2003. The mechanism of injury occurred as a result of lifting a heavy patient while working as a nursing assistant. The current diagnosis is low back pain. Pursuant to the most recent progress note in the medical record dated August 14, 2014, the IW complains of lower lumbar pain that radiates to the left posterior thigh, left calf and left foot. The pain is constant, severe, sharp, and burning. The provider states that this is a chronic problem, with essentially constant pain. She reports that the current episode of pain started 11 years ago. Examination of the lumbar spine reveals decreased range of motion with flexion, extension, and lateral flexion. Current medications include Flexeril 10mg, Mobic 7.5mg, Norco 10/325mg, and Gabapentin 800mg. The IW takes a number of other prescribed medications for high blood pressure, high cholesterol, hypothyroidism, etc. Documentation indicates that the IW has been taking Hydrocodone/Acetaminophen, and Cyclobenzaprine (Flexeril) since at least January 6, 2014. There were no pain assessments or documentation of objective functional improvement associated with the long-term use of Hydrocodone/APAP and Cyclobenzaprine. The current request is for prospective use of Tramadol, Cyclobenzaprine, and Hydrocodone/Acetaminophen. There was no documentation in the medical that Tramadol was being used.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC criteria for the use of opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 75-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Tramadol is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the use of chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the worker is being treated for low back pain. Progress note dated January 6, 2014 indicates the injured worker was taking Norco (in addition to Flexeril, Mobic). There was no documentation the injured worker was taking Tramadol. In a subsequent progress note dated August 14, 2014 (the last progress note in the medical record prior to the request) does not contain any clinical documentation requesting Tramadol. The January 6, 2014 progress note indicates the injured worker was taking Norco and there was no clinical indication for the dual use of the second opiate, Tramadol. Additionally, the request does not contain a quantity or instructions for use. The treating physician uses Lortab and Norco interchangeably. They are different based on the Tylenol content. It is unclear which opiate the injured worker is taking. Consequently absent the appropriate clinical indication, dosing and quantity, Tramadol is not medically necessary.

Cyclobenzaprine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Muscle Relaxants

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Cyclobenzaprine is not medically necessary. Muscle relaxants are recommended as a second line option for short-term (less than two weeks) treatment of acute low back pain and short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker is being treated for low back pain. Cyclobenzaprine was prescribed January 2014 according to a progress note dated January 6, 2014. The date of request was November 2014. The treating physician has clearly exceeded the recommended guidelines for use (less than two weeks). Additionally, Cyclobenzaprine is indicated for acute low back pain or an acute exacerbation of chronic low back pain. The documentation does not support an acute exacerbation of chronic low back pain. The request for Cyclobenzaprine did not contain a strength, dosing instructions or quantity. Consequently, absent the appropriate clinical

indications for use and the lack of supporting documentation in excess of the recommended guidelines, Cyclobenzaprine is not medically necessary.

Hydrocodone/ Acetaminophen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG-TWC criteria for the use of opioids

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Opiates

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, hydrocodone/acetaminophen is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany the use of chronic opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the worker is being treated for low back pain. Progress note dated January 6, 2014 indicates the injured worker was taking hydrocodone/acetaminophen (in addition to Flexeril, Mobic). There is no documentation in the medical record indicating objective functional improvement associated with hydrocodone/acetaminophen use. The treating physician uses Lortab and Norco interchangeably. They are different based on the Tylenol content. It is unclear which opiate the injured worker was using based on the documentation. Consequently, absent the appropriate clinical indications for ongoing Norco/Lortab use and absent documentation of objective functional improvement, hydrocodone/acetaminophen is not medically necessary.