

Case Number:	CM14-0207032		
Date Assigned:	12/19/2014	Date of Injury:	07/20/1994
Decision Date:	02/12/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 male patient with a date of injury of July 20, 1994. A utilization review determination dated November 15, 2014 recommends non-certification of cyclobenzaprine 7.5 mg #60, tramadol ER 150 mg #30, Norco 10/325 mg #150 modified to one prescription for Norco 10/325 mg #150, Lyrica 75 mg #90 modified to #20, UDS for medication compliance, and one med panel. A progress note dated October 14, 2014 identifies subjective complaints of low back pain and bilateral leg symptoms. The patient notes that his bilateral lower extremity pain has increased since his last visit by 30%. The patient describes his pain as being aching and he rates it at a 9/10 on the pain scale. The patient reports radiating aching pain to bilateral lower extremities with intermittent cramping in the bilateral legs, the pain and cramping is worse in the right leg. The patient states that the medications help him to function and his pain reduces from a 9/10 to an 8/10 with the medications. He reports occasional constipation and dry mouth secondary to medication use. The physical examination identifies moderate tenderness to palpation over the lumbar paraspinal muscles, tenderness to palpation of bilateral SI joints, positive FABER exam as well as loading maneuvers, and diminished sensation of bilateral L4 and L5 dermatomes. The diagnoses include status post hardware removal and repeat fusion L3-L5 with bone stimulator placement, bilateral sacroiliitis, bilateral lumbar radiculopathy, and status post SCS implant and subsequent removal. The treatment plan recommends a prescription for Norco 10/325 mg #150, an increase in Flexeril to 7.5 mg #60, a prescription for tramadol ER 150 mg #30, a prescription for Lyrica 75 mg #90, a request for med panel for medication safety, and UDS for medication compliance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5 mg #60: Upheld

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

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

Decision rationale: Regarding the request for cyclobenzaprine 7.5 mg #60, 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 a significant analgesic benefit or specific 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. In the absence of such documentation, the currently requested Cyclobenzaprine 7.5 mg #60 is not medically necessary.

Tramadol ER 150 mg #30: Upheld

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

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

Decision rationale: Regarding the request for Tramadol ER 150 mg #30, California Pain Medical Treatment Guidelines state that tramadol 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 of specific functional improvement with the medication, or significant reduction in pain level. In light of the above issues, the currently requested Tramadol ER 150 mg #30 is not medically necessary.

Norco 10/325 mg #150: Upheld

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

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

Decision rationale: Regarding the request for Norco 10/325 mg #150, California Pain Medical Treatment Guidelines state that Norco 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 of specific functional improvement with the medication, or significant reduction in pain level. In light of the above issues, the currently requested Norco 10/325 mg #150 is not medically necessary.

Lyrica 75 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-21.

Decision rationale: Regarding request for Lyrica 75 mg #90, Chronic Pain Medical Treatment Guidelines state that antiepilepsy drugs are recommended for neuropathic pain. They go on to state that a good outcome is defined as 50% reduction in pain and a moderate response is defined as 30% reduction in pain. Guidelines go on to state that after initiation of treatment, there should be documentation of pain relief and improvement in function as well as documentation of side effects incurred with use. The continued use of AEDs depends on improved outcomes versus tolerability of adverse effects. Within the documentation available for review, there is no identification of at least 30% reduction of pain, and no documentation of specific objective functional improvement. In the absence of such documentation, the currently requested Lyrica 75mg #90 is not medically necessary.

One (1) UDS for medication compliance: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter Urine Drug Testing.

Decision rationale: Regarding the request for a UDS for medication compliance, CA MTUS Chronic Pain Medical Treatment Guidelines state the drug testing is recommended as an option. Guidelines go on to recommend monitoring for the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. ODG recommends urine drug testing on a yearly basis for low risk patients, 2-3 times a year for moderate risk patients, and possibly once per month for high risk patients. Within the documentation available for review, there is no documentation of the date and results of prior testing, and current risk stratification to identify the medical necessity of drug screening at the proposed frequency. Additionally, there is no documentation that the physician is concerned about the patient misusing or abusing any controlled substances.

In light of the above issues, the currently requested UDS for medication compliance is not medically necessary.

One (1) med panel: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.

Decision based on Non-MTUS Citation

<http://labtestsonline.org/understanding/analytes/cbc/tab/test>,

<http://labtestsonline.org/understanding/analytes/urinalysis/tab/test>,

<http://labtestsonline.org/understanding/analytes/liver-panel/tab/test>.

Decision rationale: Regarding the request for one med panel, California MTUS does not address the issue. There is support for periodic testing for patients utilizing chronic medications in order to evaluate for damage to organs such as the kidneys and liver. Within the documentation available for review, the patient has a chronic injury and there is documentation of the use of multiple medications. However, there is no documentation of the date and results of any prior testing that has been performed or what specific tests are currently being requested. In light of the above issues, the currently requested one med panel is not medically necessary.