

Case Number:	CM15-0003197		
Date Assigned:	01/14/2015	Date of Injury:	04/12/2014
Decision Date:	03/13/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 is a 60 year old female who sustained a work related injury April 12, 2014. According to a follow-up consultation primary treating physician's report dated July 28, 2014, the injured worker complains of low back pain with bilateral lower extremity symptoms, rated 8/10 and right and left knee pain rated 7/10. Past treatments included failed epidural steroid injections and physical therapy. Review of MRI lumbar spine 5/27/2014 (not present in medical record), reveals moderate central stenosis L4-5 and facet osteoarthropathy and anterolisthesis L4 on L5. Diagnoses are moderate central canal stenosis L4-5; facet osteoarthropathy; spondylolisthesis L4 on L5 and bilateral knee pain. Treatment plan included additional physical therapy lumbar spine, medications and urine drug screens. Work status was documented as temporarily totally disabled. No further current medical records are present in current case file. According to utilization review performed December 31, 2014, the request for Tramadol 50mg #60 is non-certified, however, due to the nature of the drug, weaning is recommended. The request for Cyclobenzaprine 10mg #60 is non-certified, however due to the nature of the drug weaning is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids, and Tramadol (Ultram).

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

Decision rationale: The patient presents with bilateral lower extremity symptoms which she rates as an 8/10 and right/left knee pain which she rates as a 7/10. The request is for TRAMADOL 50 MG #60. There is no RFA provided and the patient is temporarily disabled. There is no indication of when the patient began taking this medication. MTUS Guidelines pages 88 and 89 state, "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 4 A's (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. The 07/28/14 report states that the "medication at current dosing facilitates maintenance of ADL's with examples provided including light household duties, shopping for groceries, grooming, and cooking. Recalls time that without medication ADL's were in jeopardy and does not give examples. Recalls frequent inability to adhere to recommended exercise regime without medication on board, due to pain, now maintained with medication. Specific examples provided in regards to objective improvement on board including tolerance to activity and improved function at current dosing, Tramadol does result in approximate five point diminution in pain depending on level of activity. Reports improved range of motion and improved tolerance to exercise and a variety of activity with this medication." Although the treater documents pain scales and discusses ADLs, not all of the 4 A's are addressed as required by MTUS Guidelines. There is no discussion provided regarding any side effects/aberrant behavior the patient may have. There is no opiate management issues discussed such as CURES report, pain contracts, etc. No outcome measures are provided either as required by MTUS Guidelines. In addition, urine drug screen to monitor for medicine compliance are not addressed. The treating physician has failed to provide the minimum requirements of documentation that are outlined in the MTUS Guidelines for continued opiate use. The requested Tramadol IS NOT medically necessary.

Cyclobenzaprine 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain), Antispasmodics, Cyclobenzaprine (Flex).

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

Decision rationale: The patient presents with bilateral lower extremity symptoms which she rates as an 8/10 and right/left knee pain which she rates as a 7/10. The request is for CYCLOBENZAPRINE 10 MG #60. There is no RFA provided and the patient is temporarily disabled. There is no indication of when the patient began taking this medication. The 07/28/14

report states that the patient "recalls refractory spasm prior to cyclobenzaprine. Cyclobenzaprine decreases spasm, for approximately 4-6 hours, facilitation marked improvement in range of motion, tolerance to exercise, and additional decrease in overall pain level 2-3 points." MTUS Guidelines 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 exacerbation 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 patient has tenderness of the lumbar spine, a positive straight leg raise, and spasm of the lumboparaspinal musculature. MTUS Guidelines do not recommend use of Cyclobenzaprine for longer than 2 to 3 weeks. It is unknown when the patient began taking this medication, and she may have already exceeded the 2 to 3 week limit recommended by MTUS Guidelines. The treater does not state that this medication is to be used for short-term. There is no discussion regarding flare-up or new injury. Therefore, the requested cyclobenzaprine IS NOT medically necessary.