MAXIMUS Federal Services

Case Number:	CM15-0003308		
Date Assigned:	01/14/2015	Date of Injury:	04/14/2014
Decision Date:	03/13/2015	UR Denial Date:	12/23/2014
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 34 year old male who sustained an industrial injury on 04/17/2014 resulting in back pain. Physical exam of the lumbar spine noted decreased range of motion with tenderness to palpation about the right lumbar paravertebral muscles, spinous processes and right sacroiliac joint. RI 08/14/2014 showed a right paracentral disc herniation of 3 mm at the lumbar 4-5 level with right foraminal encroachment at the lumbar 4-5 level. Diagnosis was herniated nucleus pulposus at the lumbar 4-5 level with right lumbar 5 radiculitis/radiculopathy. Prior treatments include x-rays of the lumbar spine, MRI, anti-inflammatory medications and pain medications. He completed 24 sessions of physical therapy but no improvement was noted. He was currently not working. On 12/23/2014 utilization review modified the request for Tramadol 50 mg # 60 with one refill to Tramadol 50 mg # 30 noting the records lack evidence of functional improvements and the patient was no longer working, opiate weaning is warranted. MTUS was cited. The request for topical cyclobenzaprine 60 gm with one refill was non-certified noting there was no evidence to support the use of muscle relaxants as a topical product. MTUS was cited. On 01/07/2015 the injured worker submitted an application for IMR review of the request for Tramadol 50 mg # 60 with one refill and topical cyclobenzaprine 60 gm with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Tramadol 50mg #60 with 1 refill: Upheld

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

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 low back pain. The current request is for 1 prescription of Tramadol 50mg #60 with 1 refill. MTUS Chronic Pain Medical Treatment Guidelines for Tramadol, page113 for Tramadol (Ultram) states: Tramadol (Ultram) is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. For more information and references, see Opioids. See also Opioids for neuropathic pain. For chronic opioid use, the 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 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. This patient has been utilizing Tramadol since 4/30/14. Six months of progress reports were reviewed. Progress report dated 12/9/14 documented the current pain level as 6/10. It was noted that "meds helpful." There are no further discussions of efficacy of this medication. In this case, recommendation for further use of Tramadol cannot be supported as there are no discussions regarding functional improvement, changes in ADL's, or change in work status to document significant functional improvement. There are no before and after pain scales to denote a decrease in pain with using long term opiate. Urine drugs screens have been provided; however, there are no discussions regarding possible aberrant behaviors or adverse side effects with medication. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested Tramadol IS NOT medically necessary and recommendation is for slow weaning per MTUS.

1 prescription of Cyclobenzaprine cream 60mg with 1 refill: Upheld

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

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

Decision rationale: The patient presents with low back pain. The current request is for 1 prescription of Cyclobenzaprine cream 60gm with 1 refill. The MTUS Guidelines regarding topical analgesics states that it is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety." In this case, Cyclobenzaprine is a muscle relaxant and is not recommended for any topical formulation. This request IS NOT medically necessary.