

Case Number:	CM15-0003772		
Date Assigned:	01/14/2015	Date of Injury:	06/26/2012
Decision Date:	03/10/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/08/2015

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 (IW) is a 42 year old female, who sustained an industrial injury on 06/26/2012. She has reported back and neck pain with numbness and tingling down both arms. The diagnoses have included disc herniation, C5-6 with neurological deficits, musculoligamentous sprain/strain, cervical spine, and lumbar strain with multi-level degenerative disc disease. MRI examinations have found large C5-6 disc herniation, mild discogenic changes most involved at L3-L4, multi-level degenerative disc disease in the lumbar spine, and herniated nucleus pulposus at C5/6. Treatment to date has included opioids and non-opioid pain relievers, nonsteroidal anti-inflammatory medications, chiropractic care, physical therapy, and monitoring of medication intake with urine drug screens. Currently, the IW complains of pain that is an 8-9 /10 without medications and a 6/10 with medications. The pain is tingling and radiates down bilateral upper extremities. The exam showed normal reflex, sensory and power testing to bilateral upper and lower extremities except for weakness (4/5) and numbness at left C6 level. A straight leg raise and bowstring are normal bilaterally. There was cervical and lumbar tenderness and decreased range of motion. The IW had a positive left Spurling's sign. A surgery of anterior cervical decompression and instrumented fusion at the C5-6 level is planned. The IW uses Naproxen for pain and inflammation as she has failed over the counter nonsteroidal anti-inflammatory medications, Pantoprazol for gastrointestinal protection, Cyclobenzaprine prn for muscle spasms and for pain relief. She is getting Tramadol ER to use as a long acting, less addictive pain reliever and to decrease the use of opiates. Norco is used for severe and breakthrough pain. On 12/24/2014 Utilization Review non-certified a retrospective

request for Ultram Tramadol HCL ER 150 mg, sixty count noting there was no documented objective functional improvement of the IW with previous use of opioids to warrant their continued usage. A recent urine drug screen was not provided for this review. The MTUS Opioids was cited. A retrospective request for Norco 10/325 mg, ninety count was non-certified noting the same rationale of no documented functional improvement. MTUS Chronic Pain Opioids, Criteria for Use and Weaning of Medications Sections was cited. On 12/24/2014 Utilization Review non-certified a retrospective request for Fexmid Cyclobenzaprine 7.5 mg, sixty count, noting there was no documentation of how long the IW had been taking this medication. Cyclobenzaprine is not recommended to be used for longer than 2-3 weeks. MTUS Chronic Pain, Muscle Relaxants (for pain) section was cited. On 01/08/2015, the injured worker submitted an application for IMR for review of the decision that denied Fexmid, Ultram, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Fexmid Cyclobenzaprine 7.5 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for Pain) Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pg 128.

Decision rationale: Guidelines do not recommend long-term use of this muscle relaxant for this chronic injury of 2012. Additionally, the efficacy in clinical trials has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. Submitted reports have not adequately demonstrated the indication or medical need for this treatment and there is no report of significant change in clinical findings, acute flare-up or new injury to support for its long-term use. There is no report of functional improvement resulting from its previous treatment to support further use as the patient remains unchanged. The Retro Fexmid Cyclobenzaprine 7.5 mg, sixty count is not medically necessary and appropriate.

Retro Ultram Tramadol HCL ER 150 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List Section and Criteria for Use Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of

an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The Retro Ultram Tramadol HCL ER 150 mg, sixty count is not medically necessary and appropriate.

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use and Weaning of Medications Sections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: It is unclear why the patient is being prescribed two short-acting opiates of Norco and Ultram for breakthrough pain. The patient has persistent chronic pain without change in clinical findings or functional status. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of two short-acting opioids with persistent severe pain. The Norco 10/325 mg, ninety count is not medically necessary and appropriate.