

Case Number:	CM15-0004508		
Date Assigned:	01/15/2015	Date of Injury:	12/02/2008
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
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 is a 59 year old male, who sustained an industrial injury on 12/02/2008. The diagnoses have included chronic back pain. Treatment to date has included medications and physiotherapy. Magnetic resonance imaging (MRI) of the cervical spine dated 10/15/2014 revealed mild osteoarthritis and minimal disc bulging at L3-L4. Currently, the IW reported problems activities of daily living. Objective findings included craniocervical, right much greater than left, with occipital tenderness. He has decreased attention span. Sensation is decreased on the left side of his face. He has bilateral hand more than bilateral foot mild intentional tremor. He has mildly weak right-hand grip and mild weak right foot dorsiflexion. There is s a mild limp of the right leg. There is lumbar more than cervical interscapular tenderness and right more than left shoulder tenderness with limited range of motion. Romberg test and Tinell's test were positive. Straight leg is positive on the right at 40 degrees and on the left at 60 degrees. He has right more than left knee tenderness. On 12/26/2014, Utilization Review modified a request for Cyclobenzaprine 7.5mg #60 and Tramadol 150mg #60, noting that the clinical findings do not support the medical necessity of the treatment. The MTUS was cited. On 1/07/2015, the injured worker submitted an application for IMR for review of Cyclobenzaprine 7.5mg #60 and Tramadol 150mg #60.

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 Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain in his neck and lower back. The request is for CYCLOBENZAPRINE 7.5MG #60. Per 10/28/14 progress report, the patient is on Vicodin and Tramadol. The patient is currently not working. 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 exacerbations 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." In this case, the treater does not provide documentation regarding how long the patient has been utilizing Cyclobenzaprine or this medication's efficacy. The treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-ups. The utilization review letter on 12/26/14 indicates "that the patient appears to be utilizing cyclobenzaprine chronically." MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare ups. Furthermore, the utilization review letter on 12/26/14 modified the request for Cyclobenzaprine #60 to "#30 for weaning". The request of Cyclobenzaprine #60 IS NOT medically necessary.

Tramadol 150 mg # 60: Upheld

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

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

Decision rationale: The patient presents with pain in his neck and lower back. The request is for TRAMADOL 150MG #60. The patient has been utilizing Tramadol and Vicodin. None of the reports indicate the exact date when the patient started utilizing Tramadol. Regarding chronic opiate use, MTUS guidelines page 89 states, "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. In this case, the four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no

specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. Furthermore, the utilization review letter on 12/26/14 modified the request for Tramadol #60 "to #30 for weaning." Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. The request for Tramadol #60 IS NOT medically necessary.