

Case Number:	CM15-0007262		
Date Assigned:	01/26/2015	Date of Injury:	02/28/2014
Decision Date:	03/12/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 48 year old female, who sustained a work/ industrial injury on 2/28/14. She has reported symptoms of lower back pain. The diagnoses have included Lumbar degenerative disc disease, herniated nucleus pulposus, and lumbar discopathy. Treatments included epidural steroid injection on 7/23/14. A Magnetic Resonance Imaging (MRI) on 4/22/14 noted right L5-S1 hypertrophy, L4-5 right paracentral annular tear, and disc extrusion impinges the descending right L5 nerve root in the lateral access. Medications included Ibuprofen with gastric symptoms. By 12/19/14, lower back pain was described as 8-9/10 with radiation to the right lower extremity with trial with Tramadol. There was tenderness over the lumbar spine between L1-L5 and range of motion was restricted. On 1/5/15, Utilization Review non-certified a Retro: DOS 12/19/14:Cyclobenzaprine 7.5 mg #30; Retro 12/19/14: Sennosides 8.6 mg #100; Retro: DOS 12/19/14: Tramadol HCL ER 150 mg #60, noting the California Medical treatment Utilization Schedule (MTUS): Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines (ODG): Pain Chapter and Medical treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) Guidelines

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Cyclobenzaprine (Flexeril), p41 (2) Muscle relaxants, p63 Page(s): 41, 63.

Decision rationale: The claimant is more than 1 year status post work-related injury and continues to be treated for chronic low back pain. Cyclobenzaprine is closely related to the tricyclic antidepressants. It is recommended as an option, using a short course of therapy and there are other preferred options when it is being prescribed for chronic pain. Although it is a second-line option for the treatment of acute exacerbations in patients with muscle spasms, short-term use only of 2-3 weeks is recommended. In this case, the quantity being prescribed is consistent with long term use and was therefore not medically necessary.

Sennosides 8.6mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Purdue Pharma (20005), Senokot (senna-rectal); and Official Disability Guidelines (ODG), Pain Chapter, Opioid Induced Constipation Treatment

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioid-induced constipation treatment

Decision rationale: The claimant is more than 1 year status post work-related injury and continues to be treated for chronic low back pain. When seen by the requesting provider, review of systems was negative for constipation. Guidelines recommend treatment due to opioid-induced constipation which is a common adverse effect of long-term opioid use and can be severe. In this case, Tramadol ER is being prescribed on a long term basis. However, the claimant does not have evidence of constipation due to opioids. Therefore, Sennosides 8.6 mg was not medically necessary.

Tramadol HCL ER 150mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain, Tramadol (Ultram).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 1 year status post work-related injury and continues to be treated for chronic low back pain. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that

does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Tramadol ER is a sustained release formulation and would be used to treat baseline pain which is present in this case. The requested dosing is within guideline recommendations. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. Therefore, the continued prescribing of Tramadol ER was medically necessary.