

Case Number:	CM15-0009160		
Date Assigned:	01/27/2015	Date of Injury:	10/03/2013
Decision Date:	03/17/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/15/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, 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 52 year old female, who sustained an industrial injury on October 3, 2013. She has reported a fall down the stairs during which she fell onto her right side. The diagnoses have included mechanical low back pain, mechanical neck pain and carpal tunnel syndrome of the right hand. Treatment to date has included pain medication, daily walking program, plans for HELP program. Currently, the injured worker complains of headache pains. She reports pain in the posterior aspect of her head for which she had to go to the emergency room and was given a prescription for Norco 5/325 mg #30 for the pain. She reported that she feels the combination of her medications for pain is helping. She has plans to start a HELP program. She denies any side effects from the medication. After some discussion about her episode of severe pain flare and the emergency room visit, it appeared that she had a severe muscle spasm and has been having spasms in her neck. On December 12, 2014 Utilization Review non-certified a request for Ultram ER 100 mg #60, Mobic 15 mg #30 and Amrix 15 mg #30, noting that satisfactory response to the Ultram ER 100 mg is not apparent in the clinical documentation, noting that there is a lack of documentation of significant efficacy in the Mobic 15 mg #30 and noting a lack of evidence of an acute exacerbation of low back pain or musculoskeletal pain. The California Medical Treatment Utilization Schedule was utilized. On January 15, 2015, the injured worker submitted an application for IMR for review of Ultram ER 100 mg #60, Mobic 15 mg #30 and Amrix 15 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultram ER 100mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 89.

Decision rationale: Ultram ER 100mg # 60 is not medically necessary. Ultram is name brand for Tramadol. Tramadol is a centrally-acting opioid. Per MTUS page 83, opioids for osteoarthritis is recommended for short-term use after failure of first line non-pharmacologic and medication option including Acetaminophen and NSAIDS. Additionally, Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. Given Tramadol is a synthetic opioid, its use in this case is not medically necessary. The claimant has long-term use with this medication and there was a lack of improved function or return to work with this opioid and all other medications; therefore the requested medication is not medically necessary.

Mobic 15mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: Mobic 15 mg # 30 is not medically necessary. Per MTUS guidelines page 67, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and gastrointestinal distress. The medical records do no document the length of time the claimant has been on anti-inflammatory medication. Additionally, the claimant had previous use of NSAIDs. The medication is therefore not medically necessary.

Amrix 15mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 43.

Decision rationale: Amrix 15 mg #30 is not medically necessary. Amrix is a controlled release brand of cyclobenzaprine. The peer-reviewed medical literature does not support long-term use of cyclobenzaprine in chronic pain management. Additionally, Per CA MTUS Cyclobenzaprine is recommended as an option, using a short course of therapy. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. (Browning, 2001). As per MTUS, the addition of cyclobenzaprine to other agents is not recommended. In regards to this claim, cyclobenzaprine was prescribed without clear limitations of usage and in combination with other medications. Cyclobenzaprine is therefore, not medically necessary.