

Case Number:	CM15-0009944		
Date Assigned:	01/27/2015	Date of Injury:	08/17/2013
Decision Date:	03/24/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/16/2015

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: Preventive Medicine, Occupational Medicine

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 26 year old male, who sustained an industrial injury on 8/17/13. On 1/16/15, the injured worker submitted an application for IMR for review of Cyclobenzaprine HCL 20mg #60, and Tramadol HCL 50mg #180, and Oxycodone 30mg #120. The treating provider has reported the injured worker complained of muscle aches back pain - tenderness over L3-5, AROM is decreased with extension after flexion, and no costovertebral angle tenderness. The diagnoses have included lumbosacral spondylolithesis with general instability, lumbago, lumbar disc degeneration, muscle spasm. Treatment to date has included physical therapy REQUEST for posterior lumbar interbody fusion L5-S1, MRI lumbar spine, CT scan, discogram and medications. On 12/18/14 Utilization Review modified certification of Cyclobenzaprine HCL 20mg #60 to #30 (12/18/14 to 2/1/15), and non-certified Tramadol HCL 50mg #180, and CERTIFIED Oxycodone 30mg #120. The MTUS2009 - Chronic Pain Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine HCL 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

Decision rationale: Cyclobenzaprine is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. This prescription does not indicate short term use of cyclobenzaprine. Medical necessity has not been established within the recommendations of the MTUS Guidelines. The request for Cyclobenzaprine HCL 20mg #60 is determined to not be medically necessary.

Tramadol HCL 50mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram) Page(s): 93-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section Weaning of Medications section Page(s): 74-95, 124.

Decision rationale: Tramadol is a central acting synthetic opioid that exhibits opioid activity with a mechanism of action that inhibits the reuptake of serotonin and norepinephrine with side effects similar to traditional opioids. The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The medical reports indicate that the injured worker has pain reduction with the use of his medications, which has allowed him to do activities of daily living and improve his quality of life. There are no aberrant drug behaviors reported. The injured worker reports that oxycodone is helpful, but does not last. There are no specific comments regarding the efficacy of tramadol. Dosing of oxycodone is noted to have increased from 80 mg per day to 120 mg per day. Oxycodone has been certified by utilization review. The medical reports do not provide any objective information regarding improved function or ability to return to work with the use of chronic opioid pain medications. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Tramadol HCL 50mg #180 is determined to not be medically necessary.

