

Case Number:	CM15-0103350		
Date Assigned:	06/05/2015	Date of Injury:	06/20/1986
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57 year old female patient, who sustained an industrial injury on 6/20/1986. The current diagnoses are chronic lumbar spine sprain/strain, right-sided sciatic, and depression. According to the progress report dated 4/24/2015, she had complains of constant, achy low back pain with intermittent radiation to the bilateral lower extremities, right worse than left. The pain is rated 5-7/10 on a subjective pain scale. The physical examination revealed no change since last visits. The current medication list is not specified in the records provided. Per the note dated 10/1/2014, she had complaints of low back pain with radiation to the right lower extremity. The physical examination revealed tenderness, decreased lumbar spine range of motion, positive straight leg raising on the right side and decreased sensation in the right lower extremity. The patient was prescribed tramadol, motrin and topical compound cream. She has undergone right elbow surgery on 11/19/2009. Treatment to date has included medication management, x-rays, physical therapy, chiropractic, and acupuncture. The plan of care on 11/11/2014 includes prescriptions for Tramadol, Naproxen, and Enovarx-Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 11-11-14) Tramadol HCl 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 80-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page 75, Central acting analgesics Page 82, Opioids for neuropathic pain.

Decision rationale: Retrospective (DOS 11-11-14) Tramadol HCl 50mg #60 Tramadol is a centrally acting synthetic opioid analgesic. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and nor epinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Tramadol use is recommended for treatment of episodic exacerbations of severe pain. Per the records provided she had chronic low back pain with radiation to the right lower extremity. She was noted to have significant objective evidence of abnormalities on physical exam tenderness, decreased lumbar spine range of motion, positive straight leg raising on the right side and decreased sensation in the right lower extremity. There was objective evidence of conditions that can cause chronic pain with episodic exacerbations. The request for Retrospective (DOS 11-11-14) Tramadol HCl 50mg #60 was medically appropriate and necessary to use as prn during acute exacerbations.

Retrospective (DOS 11-11-14) Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67 Naproxen is a NSAID.

Decision rationale: Retrospective (DOS 11-11-14) Naproxen Sodium 550mg #60 CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided she had chronic low back pain with radiation to the right lower extremity. She was noted to have significant objective evidence of abnormalities on physical exam tenderness, decreased lumbar spine range of motion, positive straight leg raising on the right side and decreased sensation in the right lower extremity. NSAIDs are considered first line treatment for pain and inflammation. The request for Retrospective (DOS 11-11-14) Naproxen Sodium 550mg #60 was medically appropriate and necessary for this patient to use as prn to manage his chronic pain.

Retrospective (DOS 11-11-14) Enovarx-Cyclobenzaprine 2% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Retrospective (DOS 11-11-14) Enovarx-Cyclobenzaprine 2% #60 Cyclobenzaprine is a muscle relaxant. The cited Guidelines regarding topical analgesics state, "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants.)" (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. The cited guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury was not specified in the records provided. Intolerance to oral medication was not specified in the records provided. In addition, Cyclobenzaprine is not recommended by the cited guidelines for topical use because of the absence of high-grade scientific evidence to support effectiveness. The medical necessity of Retrospective (DOS 11-11-14) Enovarx-Cyclobenzaprine 2% #60 was not fully established for this patient.