

Case Number:	CM15-0131756		
Date Assigned:	07/20/2015	Date of Injury:	01/17/2006
Decision Date:	08/21/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York

Certification(s)/Specialty: Pediatrics, Internal 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 38 year old male who sustained an industrial injury on 02/17/2006. Current diagnoses include protrusion L5-S1 with S1 neural encroachment and status post remote lumbar surgery x 2. Previous treatments included medications, surgical intervention, weight loss program, physical therapy, and home exercise program. Report dated 05/08/2015 noted that the injured worker presented with complaints that included low back pain with right lower extremity symptoms. Pain level was 7 out of 10 on a visual analog scale (VAS). The physician noted that the injured worker pain is reduced by five points with use of tramadol with improvement in range of motion and improved tolerance to exercise and a variety of activity. It was also noted that cyclobenzaprine decreases overall pain by 2-3 points, decreases spasm for approximately 4-6 hours with marked improvement in range of motion and tolerance to exercise. Physical examination was positive for pain with range of motion, positive straight leg raise on the right, and difficulty rising from a seated position. The treatment plan included continuing request for lumbar decompression L5-S1, continue weight loss program, dispensed tramadol ER, prescribed hydrocodone, dispensed naproxen sodium, pantoprazole, and cyclobenzaprine, and follow up in 4 weeks. The submitted documentation indicates that the injured worker has been prescribed tramadol, hydrocodone, and cyclobenzaprine since at least 11/05/2014. Disputed treatments include hydrocodone, tramadol, and cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60 (prescribed on 05/08/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The documentation submitted for review indicates that the injured worker has been prescribed hydrocodone since at least 11/05/2014. The injured worker continues to be seen every 4 weeks since at least 11/05/2014. The medical records submitted did not indicated whether the injured worker has returned to work. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore, the request for hydrocodone 10/325mg #60 (prescribed on 05/08/2015) is not medically necessary.

Retrospective request for Tramadol 150mg #60 (Dispensed on 05/08/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional improvement, Opioid section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a

reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. The documentation submitted for review indicates that the injured worker has been prescribed tramadol since at least 11/05/2014. The injured worker continues to be seen every 4 weeks since at least 11/05/2014. The medical records submitted did not indicate whether the injured worker has returned to work. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Therefore the request for request for tramadol 150mg #60 (Dispensed on 05/08/2015) is not medically necessary.

Retrospective request for Cyclobenzaprine 7.5mg #90 (Dispensed on 05/08/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants for pain, and Antispasmodics-Cyclobenzaprine (Flexeril) Page(s): 63-64.

Decision rationale: The California MTUS chronic pain medical treatment guidelines provide specific guidelines for the use of muscle relaxants. "Recommendation is for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. Flexeril is not recommended to be used for longer than 2-3 weeks." Documentation provided supports that the injured worker has been prescribed cyclobenzaprine (Flexeril) since at least 11/05/2014, which is greater than a 2-3 week period, there is no documentation of continued muscle spasms on physical examination. Therefore the request for cyclobenzaprine 7.5mg #90 (Dispensed on 05/08/2015) is not medically necessary.