

Case Number:	CM15-0136735		
Date Assigned:	07/24/2015	Date of Injury:	11/24/2001
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/14/2015

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: 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 65 year old male who sustained an industrial injury on 11/24/2001. According to a progress report dated 06/02/2015, the injured worker complained of low back and left hip pain. Overall, he was doing worse. Duragesic and Norco had been denied and he had been out of Norco for a month. He reported that he went through withdrawals. He was currently using his last Fentanyl patch. Low back pain was rated 7-8 on a scale of 1-10 and was described as aching and stabbing. Pain radiated down the bilateral lower extremities to the knees. He also report urinary and bowel complaints which was not new and was due to bladder cancer. He reported stomach pain from Docuprene. He continued to take Duragesic patches, Gabapentin, Prilosec and Trazodone. Without medications, pain was rated 10 and with medications pain was rated 5-6. Medications allowed for improvement in function, specifically allowing him to increase activities at home and perform his chores and increase his walking distance by 30 minutes. Treatment to date has included spine surgery, medications, epidural steroid injection, sacroiliac joint injection and acupuncture. CURES report was consistent. Renal and hepatic function tests on 05/29/2015 were normal. Diagnoses included status post L4-S1 fusion, left sacroiliitis, facet arthritis and degenerative joint disease L2-3 and L3-4 and chronic low back pain. According to the provider, the injured worker had been successfully weaned from 200 mg of Fentanyl and 8 Norco 10/325 mg to his current dosing. The injured worker was off Norco and did not want to refill at this time. He could not afford that medication so the provider noted that he would start a trial of Ultracet. Oral non-steroidal anti-inflammatory medications were not tolerated due to severe gastrointestinal upset. Clonidine was given to prevent withdrawal. He was to continue with Duragesic 50 mcg one patch every 48 hours as needed for severe

pain #15, Trazodone 50 mg #60 1-2 by mouth at bedtime as needed for insomnia, Prilosec and Gabapentin 600 mg #150 on tab five times daily for neuropathic pain. A prescription for Ultracet 37.5/325 mg #120 1 by mouth four times a day as needed was given. Flexeril 7.5 mg #60 2-3 times daily for no more than 1-2 weeks was to be used to help with muscle spasm complaints. The injured worker was to follow up in 4 weeks. He was permanent and stationary. Currently under review is the request for Cyclobenzaprine 7.5 mg #60, Tramadol/Acetaminophen 37.5/325 mg #120 and Duragesic 50 mcg #15. According to progress reports submitted for review, the dosage of Duragesic remained unchanged dating back to 01/12/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclobenzaprine 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: Regarding the request for cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Guidelines go on to state that cyclobenzaprine specifically is recommended for a short course of therapy. Within the documentation available for review, there is no identification of a specific analgesic benefit or objective functional improvement as a result of the cyclobenzaprine. Additionally, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. Given this, the current request is not medically necessary.

Tramadol/Acetaminophen 37.5/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol/Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Tramadol/Acetaminophen (Ultracet).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: Tramadol is a centrally acting opioid agonist and also inhibits the reuptake of serotonin and norepinephrine. On July 2, 2014, the DEA published in the Federal Register the final rule placing tramadol into schedule IV of the Controlled Substances Act. This rule will become effective on August 18, 2014. The CPMTG specifies that this is a second line agent for neuropathic pain. Given its opioid agonist activity, it is subject to the opioid criteria specified on pages 76-80 of the CPMTG. With regard to this request, the California Chronic Pain Medical

Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the primary treating physician did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. This can include a reduction in work restrictions or significant gain in some aspect of the patient's activities. Furthermore, there was no discussion regarding possible aberrant drug-related behavior. There was no documentation of a signed opioid agreement, no indication that a periodic urine drug screen (UDS) was completed, and no recent CURES report was provided to confirm that the injured worker is only getting opioids from one practitioner. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although tramadol is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. Therefore, the requested treatment is not medically necessary.

Duragesic 50mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal (Duragesic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. Furthermore, there did not appear to be adequate monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should

not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication. Therefore, the requested treatment is not medically necessary.