

Case Number:	CM15-0139473		
Date Assigned:	07/29/2015	Date of Injury:	07/11/2012
Decision Date:	09/24/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/17/2015

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

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 57 year old male who sustained an industrial injury on 07/11/2012. He was noted to have a right-sided inguinal hernia after lifting a heavy load of wood. The hernia repair was complicated by an infection. Treatment to date has included medications, hernia repair, epidural injections, peripheral genitofemoral injection and hip joint injection. According to the only progress report submitted for review and dated 05/13/2015, the injured worker reported right inguinal pain that was rated 8 on a scale of 1-10. Duration of pain was 3 years. Pain was constant, at night-time, disturbed sleep and was worsened by lifting, bending and sitting. Pain was made better with reclining and stretching leg out. He was currently taking Norco, Cymbalta, Flexeril and Gralise. His current medication regimen was helping with the pain. The injured worker reported that he had gained weight because he could not exercise. According to the progress report, urine screening was positive for opiates, TCA (tricyclic anti-depressants) and Oxycodone. The results were not submitted for review. Physical examination demonstrated tenderness to palpation, spasms and dysesthesia at the hip/inguinal region. Diagnoses included carried over diagnosis of spasm muscle, carried over diagnosis of unspecified idiopathic peripheral neuropathy and carried over diagnosis of chronic pain due to trauma. He had been unable to work since the infection 2 years ago. An opiate assessment indicated that the injured worker was at moderate risk for opioid abuse. Prescribed medications included Norco 10-325 mg 1 tab by mouth every 4-6 hours #150 (another refill given but would not be filled until 06/10/2015), Cymbalta 60 mg 1 tab by mouth every day #30 with 2 refills, Gralise 600 mg 3 tabs by mouth every bedtime #90 with 2 refills, Flexeril 7.5 mg 1 tab by mouth

twice a day as needed #60 with 2 refills and Tramadol ER 100 mg 1 tab by mouth twice a day #60 with 2 refills. An authorization request dated 06/30/2015 was submitted for review. The requested services included Norco 10-325 mg 1 tab by mouth every 4-6 hours x 2, Flexeril 7.5 mg 1 tab by mouth twice a day as needed x 2, Gralise 600 mg 3 tabs by mouth every bedtime x 2, Cymbalta 60 mg 1 tab by mouth every day x 2 and Tramadol ER 100 mg 1 by mouth twice a day x 2. Currently under review is the request for Norco 10/325 mg #120, Tramadol ER 150 mg #30 and Flexeril 7.5 mg #60, with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (2007), Third Edition, Back Chapter, pages 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 07/11/12 and presents with right groin pain. The request is for Norco 10/325mg #120. The RFA is dated 06/30/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 05/14/14 and treatment reports are provided from 04/09/14 to 07/01/15. MTUS Guidelines pages 88 and 89 under Criteria For Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 01/21/15 report states that the patient rates his pain as a 7/10. "Norco decrease[s] pain by 30%. Pain is 10/10 without medications". The 03/11/15 and 05/13/15 reports indicate that the patient rates his pain as an 8/10. The 07/01/15 report states that he rates his pain as a 7/10 with medications and an 8/10 without medications. The patient had a urine drug screen on 05/13/15; however, the results are not provided. "The patient reviewed and completed an opioid contract with education about these medications and the side effects discussed with the prescribing physician. The opioid contract was signed". In this case, not of all the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. No validated instruments and no outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco is not medically necessary.

Flexeril 7.5mg #60, with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Muscle relaxants (for pain).

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

Decision rationale: The patient was injured on 07/11/12 and presents with right groin pain. The request is for Flexeril 7.5mg #60, with 2 refills. The RFA is dated 06/30/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 10/29/14. MTUS Guidelines, under Muscle Relaxants, pages 63-66 states: "Muscle relaxants (for pain): Recommended non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite the popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy". The patient has tenderness to palpation, spasms and dysesthesia at the hip/inguinal region. He is diagnosed with spasm muscle, unspecified idiopathic peripheral neuropathy, and chronic pain due to trauma. The 01/21/15 report states that "Flexeril decrease[s] pain by 30%". MTUS Guidelines do not recommend the use of Flexeril for longer than 2 to 3 weeks. In this case, the patient has been taking Flexeril as early as 10/29/14, which exceeds the 2 to 3 weeks recommended by MTUS Guidelines. The requested Flexeril is not medically necessary.

Tramadol ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82. Decision based on Non-MTUS Citation ACOEM Practice Guidelines (2007), Third Edition, Back Chapter, pages 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient was injured on 07/11/12 and presents with right groin pain. The request is for Tramadol ER 150mg #30. The RFA is dated 06/30/15 and the patient's current work status is not provided. The patient has been taking this medication as early as 05/13/15 and treatment reports are provided from 04/09/14 to 07/01/15. MTUS Guidelines pages 88 and 89 under Criteria for Use of Opioids (Long-Term Users of Opioids): "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 under Criteria For Use of Opioids - Therapeutic Trial of Opioids, also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The 05/13/15 reports indicate that the patient rates his pain as

an 8/10. The 07/01/15 report states that he rates his pain as a 7/10 with medications and an 8/10 without medications. The patient had a urine drug screen on 05/13/15; however, the results are not provided. "The patient reviewed and completed an opioid contract with education about these medications and the side effects discussed with the prescribing physician. The opioid contract was signed". In this case, not of all the 4 A's are addressed as required by MTUS Guidelines. There are no examples of ADLs which demonstrate medication efficacy or are there any discussions provided on adverse behavior/side effects. No validated instruments and no outcome measures are provided either as required by MTUS Guidelines. The treating physician does not provide adequate documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Tramadol is not medically necessary.