

Case Number:	CM15-0141183		
Date Assigned:	07/30/2015	Date of Injury:	01/17/2006
Decision Date:	08/27/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/20/2015

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: Arizona, 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:

The injured worker is a 38 year old male, who sustained an industrial injury on 1-17-2006. Diagnoses have included protrusion L5-S1 with S1 neural encroachment. Treatment to date has included lumbar surgery and medication. According to the progress report dated 6-5-2015, the injured worker complained of low back pain with right lower extremity symptoms rated eight out of ten. He reported a 33 pound weight loss with three weeks of a weight loss program. He reported that medication facilitated maintenance of activities of daily living. He reported that Tramadol decreased somatic pain an average of four to five points on a scale of ten. He reported that Cyclobenzaprine decreased spasms for approximately four to six hours. Objective findings revealed that lumbar range of motion was limited with pain. There was positive straight leg raise on the right. He had difficult arising from a seated position. Authorization was requested for Hydrocodone and retrospective 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 6/5/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Hydrocodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone in combination with Tramadol for several months. There was no mention of Tylenol , Tricyclic or weaning failure. There is no indication for multiple opioids and no one opioid is superior to another. The continued and chronic use of Norco is not medically necessary.

Retrospective request: Tramadol 150mg 360 dispensed 6/5/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter - Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant had exceeded the maximum daily dose recommended for Tramadol of 300mg in combination with Norco. There was no mention of weaning, Tylenol or Tricyclic failure. The continued use of Tramadol as above is not medically necessary.

Retrospective request: Cyclobenzaprine 7.5mg #90 dispensed 6/5/15: 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 Cyclonbenzaprine Page(s): 63.

Decision rationale: According to the MTUS guidelines, Cyclobenzaprine (Flexeril) is more effective than placebo for back pain. It is recommended for short course therapy and has the greatest benefit in the first 4 days suggesting that shorter courses may be better. Those with fibromyalgia were 3 times more likely to report overall improvement, particularly sleep. Treatment should be brief. There is also a post-op use. The addition of Cyclobenzaprine to other agents is not recommended. The claimant had been on Cyclobenzaprine for several months in combination with Tramadol and Norco. Continued use is not medically necessary.

